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## From the Director

January 2010

Dear Missourians:

The past year has been a challenging one for everyone involved in state government. In my career I've often seen challenges bring out the best in people; I have seen it again at the Department of Social Services. I am humbled to work with so many talented, dedicated public servants, just as I am humbled to serve as the champion for Missouri's poor, disadvantaged and vulnerable families and children.

My team and I remain focused on strategically managing core DSS functions even as we grapple with budget constraints. With the new year comes the potential of health care reform and the promise of health information technology, both yet to be realized. We have already seen the impact of Children's Division statewide accreditation and the national model that the Division of Youth Services has become. Effective workflow management has allowed Family Support Division to maintain outstanding application processing times in the face of rising caseloads. MO HealthNet Division is efficiently delivering quality health care to more than 870,000 vulnerable Missourians.

We've seen our share of successes and shortfalls over the past year. 2010 will present plenty of challenges as well. With a dedicated staff and a mission to maintain or improve the quality of life for Missourians, I know we will be up to the challenge.

May the year hold health, hope and prosperity for all Missourians.

Sincerely,



Ronald J. Levy  
Director





The Missouri Department of Social Services (DSS) was constitutionally established in 1974. It is charged with administering programs to promote, safeguard and protect the general welfare of children; to maintain and strengthen family life; and, to aid people in need as they strive to achieve their highest level of independence.

The department is organized into 4 program divisions: Children's Division, Family Support Division, MO HealthNet Division and Division of Youth Services. The Divisions of Finance and Administrative Services and Legal Services provide department-wide support services.

## **Mission**

To maintain or improve the quality of life for Missouri citizens

## **Vision**

Safe, healthy and prosperous Missourians

## **Guiding Principles**

- Results for the people of Missouri;
- Excellence in customer service;
- Proficiency of performance;
- Integrity of stewardship; and,
- Accountability above all.

## **Core Functions**

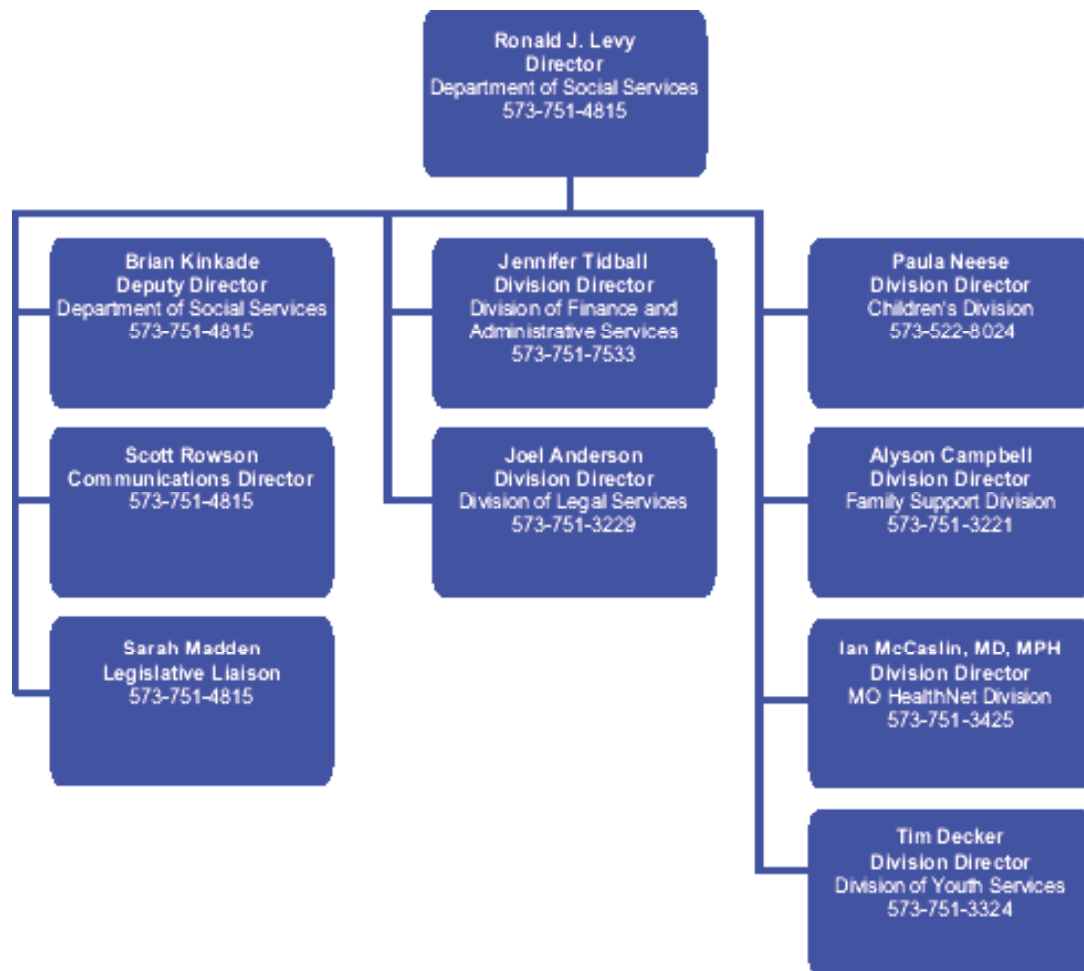
- Child protection and permanency;
- Youth rehabilitation;
- Access to quality health care; and,
- Maintaining and strengthening families.

## **Emerging Issues**

- Strategically manage core functions in the midst of budget constraints and reductions;
- Develop a state response to federal health care reform; and,
- Develop and implement health information technology (HIT) and health information exchange (HIE).

## Department Leadership

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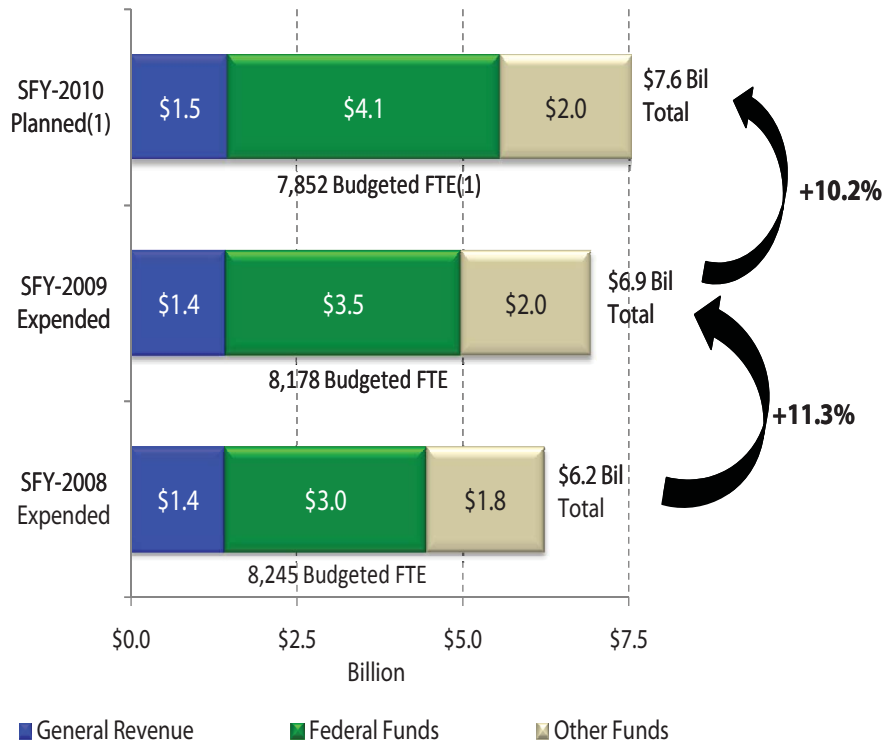
### Additional Contacts

- Karen Meyer, Director, Human Resource Center, 573-751-4244
- Rodney Jones, Chief, State Technical Assistance Team, 573-751-5980 or 800-487-1626
- Andrew Bond, Director, Center for Management Information, 573-751-4294

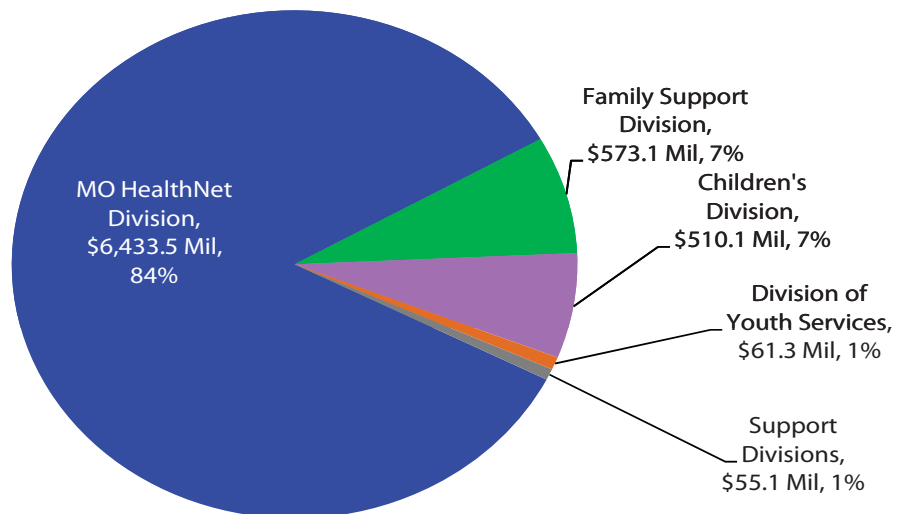
# Financing

- Total spending has increased by 22.6% (\$1.4 billion) while General Revenue (GR) has increased by 3.7% (\$53.0 million).
- Federal and other spending are growing at a higher rate than GR spending at 34.8% (\$1.1 billion) and 17.0% (\$302.0 million) respectively.
- The majority of total growth and all GR growth have been in the Medicaid program (MO HealthNet Division), while other program divisions have seen GR spending declines.
- The majority of department expenditures are made from federal and other fund sources. In SFY-2010, GR spending will account for only 19.3% of planned spending.
- Between SFY-2008 and SFY-2010, full time equivalents (FTEs) have declined by 4.8% (393 FTEs).

## Department Expenditures SFY-2008 to SFY-2010 Planned With Fund Source Comparison (in billions)



## SFY-2010 Planned Expenditures<sup>(1)</sup> Funds by Division



<sup>1</sup> Planned expenditures and FTEs are based on the budget less restriction through December 2009 plus increase in estimated appropriations and expected supplemental requests.



## SFY-2009 QUICK FACTS ABOUT DSS IN Missouri

### MO HealthNet

Number of people enrolled for MO HealthNet services <sup>(1)</sup>	826,631
MO HealthNet dollars spent in state fiscal year 2009	\$5,760.8 mil
Estimated portion of \$5,760.8 mil that was federal dollars	\$3,605.1 mil
MO HealthNet dollars for inpatient hospital services	\$560.3 mil
MO HealthNet dollars for physician services	\$434.3 mil
MO HealthNet dollars for nursing home services	\$885.4 mil
MO HealthNet dollars for pharmacy services	\$685.4 mil
MO HealthNet dollars for managed care payments	\$1,096.3 mil

### Family Support

Child Support collections (IV-D and non-IV-D)	\$837.6 mil
Average monthly Temporary Assistance families <sup>(2)</sup>	41,136
Total Temporary Assistance payments	\$114.2 mil
Average monthly Food Stamp benefit households <sup>(2)</sup>	344,882
Total Food Stamp benefits received	\$1,021.4 mil

### Child Protection and Permanency

Children involved in hotline reports	74,278
Children with substantiated abuse or neglect <sup>(2)</sup>	5,758
Children with family assessments	37,306
Average monthly children in Foster Care <sup>(2)</sup>	9,269
Children adopted <sup>(2)</sup>	1,078
Total Children's Services expenditures <sup>(3)</sup>	\$191.9 mil
Average monthly children receiving subsidized Child Care <sup>(2)</sup>	43,093
Child Care expenditures	\$158.5 mil

### Youth Services

Youths committed <sup>(2)</sup>	1,099
Average monthly youths in DYS custody	1,606

(1) Does not include Women's Health Services

(2) Preliminary

(3) Payments to Performance Based Contractors are only included at the statewide level.

## Program Divisions

# Family Support Division

Family Support Division maintains and strengthens Missouri families, helping people achieve an appropriate level of self-support and self-care through needs based services.

## Programs and Services

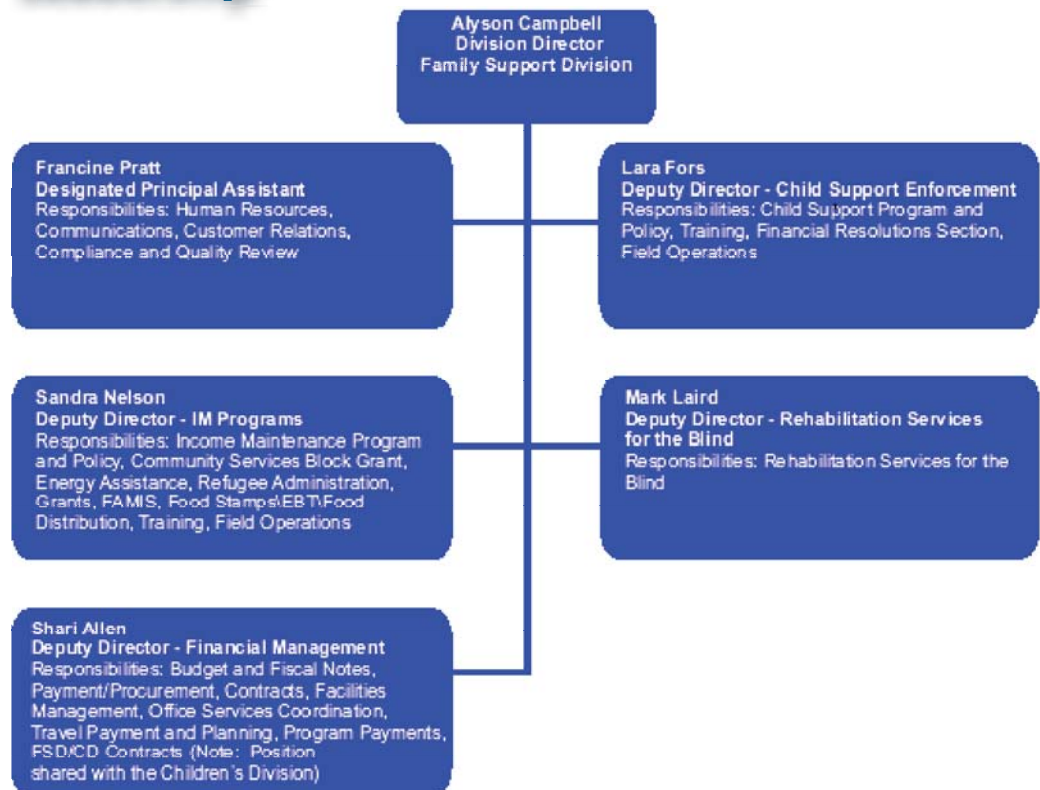
### Needs Based Programs

- Temporary Assistance
- Food Stamps
- Low Income Home Energy Assistance Program
- MO HealthNet Eligibility
- Subsidized Child Care Eligibility

### Child Support Enforcement

### Rehabilitation Services for the Blind

## Leadership



## Financing

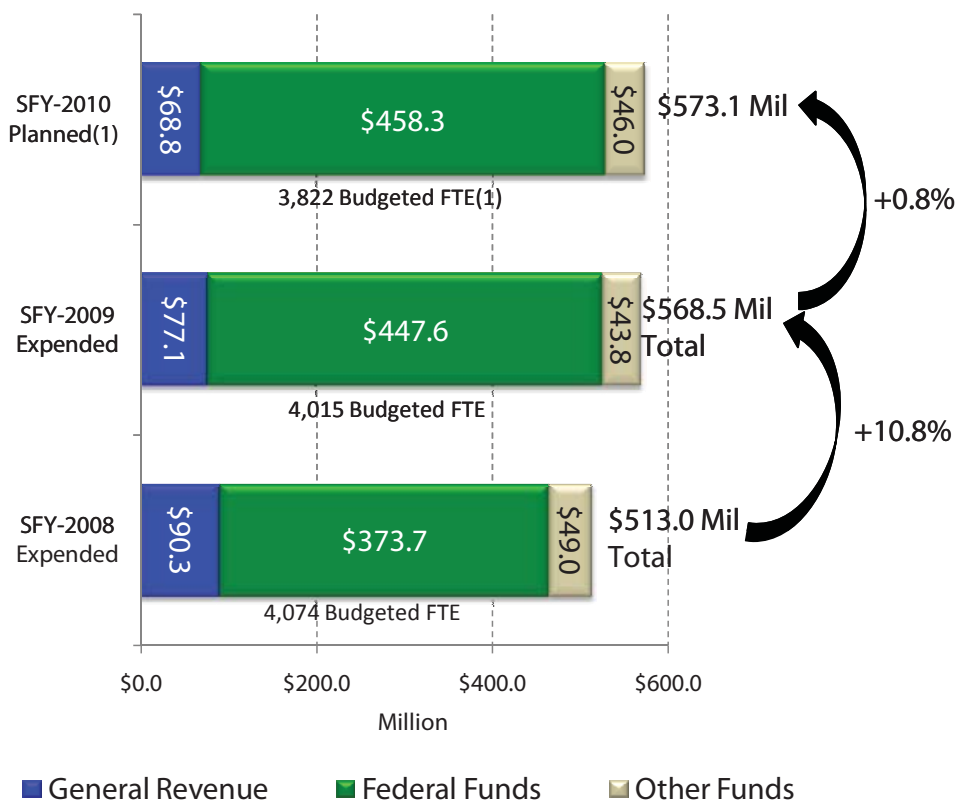
- Total expenditures increased nearly 12% (\$60.1 million) from SFY-2008 to SFY-2010 planned, while General Revenue (GR) has decreased nearly 24% (\$21.5 million).
- SFY-2010 planned federal spending is \$84.6 million higher than in SFY-2008.
- Three programs contributed to the federal spending increase:
  - Between FFY-2008 and FFY-2010, Missouri's Low Income Home Energy Assistance Program (LIHEAP) has increased from \$60.0 million to \$103.0 million. In SFY-2010, LIHEAP spending is projected at \$105.0 million, a \$42.5 million increase over SFY-2008 spending.



## Financing (continued)

- Although spending in the Cash Assistance line has increased by less than 2% from SFY-2008 to SFY-2010, there has been a shift in spending from GR to federal Temporary Assistance for Needy Families (TANF) funds. TANF spending has increased by \$11.4 million while GR spending has decreased by nearly \$9.0 million. Nearly half of the decline in GR spending from SFY-2008 to SFY-2010 is in the TANF cash assistance program.
- Most of the remaining decline in GR spending is in the Child Support program. One-time American Recovery and Reinvestment Act (ARRA) funds are currently available to supplant \$5.6 million of GR spending in the Child Support program. Additionally, \$2.1 million of GR funding was cut from the Child Support program in SFY-2010. About half of this reduction was replaced with Child Support Enforcement Collections (CSEC) funds.
- The Family Support Division (FSD) is operating with 252 fewer full time equivalents (FTE) than in SFY-2008. The majority of FSD's 161 FTE decline has occurred in Income Maintenance programs. Elsewhere in this document, there are discussions on strategies to manage the FTE decline without compromising services.

### FSD Expenditures SFY-2008 to SFY-2010 Planned (in millions)



(1) Planned expenditures and FTEs are based on the budget less restriction through December 2009 plus increase in estimated appropriations and expected supplemental requests.

# Each Day

in Missouri

## 2,931

Food Stamp applications  
are processed

## 265

Temporary Assistance  
applications  
are processed

## 249

Refugee families are being helped  
toward economic self sufficiency

## \$2,300,000

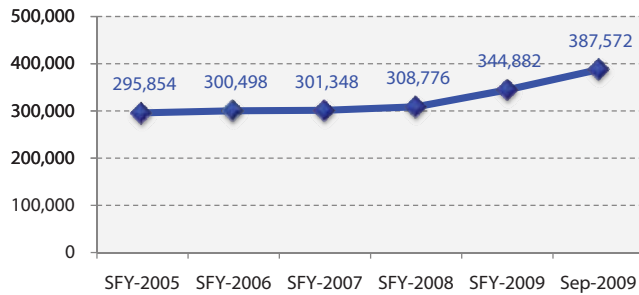
in Child Support are collected  
and distributed to families

## 3,755

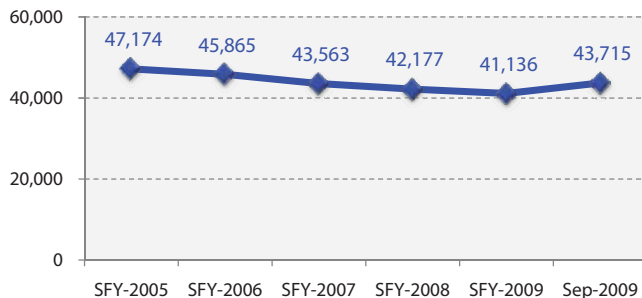
Visually impaired people  
have either Blind Pension or  
Supplemental Aid to the Blind  
to help meet their living expenses

# FSD Performance

## Food Stamp Households



## Temporary Assistance Families



## Food Stamp Households

- Economic conditions are a contributing factor to the increase in Food Stamp households over the past year.
- Rising caseloads bring increased administrative costs.
- Caseloads are increasing while staffing levels are decreasing, elevating the risk of a decline in timeliness and accuracy.
- High timeliness and accuracy rates can earn performance bonuses – low timeliness and accuracy rates can lead to sanctions.
- To mitigate risk, FSD is examining its approach to workload and implementing changes in service delivery.

## Temporary Assistance Families

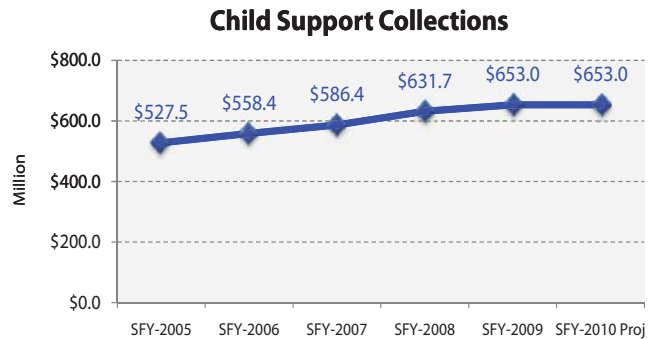
- There has been a general downward trend in the number of families on TANF.
- Missouri has one of the lowest eligibility levels in the nation leading to fewer people being eligible. A family of 3 qualifies for \$228 per month in assistance.
- Cases are closing because individuals are meeting the 60-month lifetime limit for TANF benefits. 2,147 individuals met the 60-month lifetime limit in SFY-2009.
- However, in calendar year 2009, TANF caseloads have increased due to the economy.
- Because of the caseload increase in 2009, 2 projects will be initiated in 2010:
  - A focused study will be conducted on FSD's TANF cases within the Child Support caseload to determine potential ability to collect Child Support. The goal is to increase reliable payments to TANF recipients.
  - The work participation activities approach will be changed to better engage TANF participants in work activities that could lead to reliable employment and income.



## FSD Performance (continued)

### Child Support Collections

- Child Support collections continue to show a positive trend, rising 5 to 6% annually, except in SFY-2009, when collections increased approximately 3%. The projected flat growth in collections in SFY-2010 reflects the impact of the weakened economy. Collections have increased despite a 22% reduction in staff since SFY-2005.
- A couple of factors are attributed to maintaining collections in these difficult economic times:
  - Tax refund intercepts (bolstered by stimulus monies which were eligible for intercept); and,
  - Stratification of the caseload, allowing for better case management and efficiencies leading to increased enforcement actions.
- As work continues to mature on cases with ability to pay, attention is being focused on the approximately 25,000 cases without court orders to help continue the increase in collections year over year.



## 2009 Highlights

### American Recovery and Reinvestment Act

- The total ARRA funding received by DSS to date is \$101 million.
- FSD was the lead agency on many ARRA programs within the department including:
  - An increase to the Supplemental Nutrition Assistance Program (Food Stamp) benefits (13.6% increase in benefits and \$6.5 million in administrative funding);
  - Implementing the Homelessness and Rapid Re-housing program, a new program to help prevent individuals from becoming homeless (\$12.0 million in funding);
  - Coordinating an increase in funds and services through the Community Services Block Grant to the Community Action Agencies (\$27.7 million in funding); and,
  - Coordinating an increase in food commodities and administrative funding to food banks through The Emergency Food Assistance Program (TEFAP) (approximately \$1.0 million in administration funding and \$1.9 million in food commodities).
- FSD also provided the staff person to represent DSS on the Transform Missouri team.

### Budget Restrictions/Savings

- Staff has been instrumental in conducting program reviews, assessing needs and finding ways to stretch resources so that core program services are not compromised for those who need help.
- Throughout these exercises, FSD has booked \$6.5 million in total savings.

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## 2009 Highlights (continued)

### FSD Process Improvements

- In August 2009, the FSD Director sent a memorandum to staff asking for their ideas for process improvement, cost savings, workflow efficiencies and other ideas that would increase capacity for serving people.
- Since August, 467 ideas have been received and 68 either have been implemented or are in the feasibility review process.
- Staff ideas have allowed FSD to successfully change business practices, improve efficiencies and realize cost savings.

### FAMIS Oversight Transition

- Oversight of the development of the Family Assistance Management Information System (FAMIS) has been contracted out since the beginning of the project.
- In 2009, DSS terminated the oversight contract and the oversight role was assumed collaboratively between DSS and Office of Administration/Information Technology Services Division at a savings of \$786,000 annually.

### Rehabilitation Services for the Blind

- FSD assisted 266 blind and severely visually impaired Missourians in reaching their employment goals in FFY-2009, which equaled FFY-2008 efforts.
- Of the people leaving the program, 81.4% achieved a successful employment outcome.

## Key FSD Projects

### Document Imaging

- The Document Imaging Project allows for the scanning and imaging of documents that can be accessed statewide by any Income Maintenance (IM) or Child Support (CS) office personnel as well as some community partners.
- With document imaging, FSD will reduce paper and postage by using technology instead of the postal service to move the work.
- Document imaging will improve efficiencies statewide allowing workers immediate access to documents to work on cases in any office of the state. This will also facilitate the sharing of information between IM and CS staff.
- The project involves creating and building a system for statewide capture and storage of case records now maintained in various offices statewide.
- FSD is currently reviewing potential costs and will plan to move forward depending upon funding availability

### Enhanced Customer Service Model

- The Enhanced Customer Service Model was developed by staff through the FSD Ideas initiative and is a proven efficiency and business practice model that incorporates changes in the way services are delivered to customers at the local office level.
- Components of the plan include customer access hours; informational booths (for customers not completing application during the visit); drop-off boxes for information; self-help centers (computers for online applications, brochures, etc.); and, intake process changes to improve staff resource capacity.

### Child Support Enforcement Case Reading Tool

- The Case Review System (CRS) is a web-based tool being developed to standardize Child Support Enforcement case reviews and automate the reporting process of the results across the state.
- The CRS will provide for consistent reviews by supervisory staff statewide, ensuring correct case decisions are made and actions taken are appropriate based on individual case circumstances.
- The tool is expected to increase awareness of key data elements in the Missouri Automated Child Support System affecting program performance and case processing.
- The reporting feature provides a means to devise training tools for repetitive and continuous errors, as well as providing insight into the quality of work produced by FSD staff.

## Key FSD Projects (continued)

### Prosecuting Attorney Child Support Enforcement Audit Regulations

- FSD Child Support Enforcement compliance staff worked in collaboration with legal counsel and representatives from prosecuting attorneys' offices to review and recommend revisions to the regulations that govern the audits of prosecuting attorney's work on Child Support Enforcement cases.
- Regulation revisions are in final draft and should lead to improved communication and results on Child Support cases being processed by prosecuting attorneys on behalf of the division.

### Rehabilitation Services for the Blind Automated System

- The electronic case management system is a web-based interpretive engine based on agency specific business rules, for building comprehensive electronic information management systems for Vocational Rehabilitation.
- This includes independent living case information, administrative management, fiscal management, reference and planning.
- This system will allow immediate access from a variety of locations to client providing case information, as well as agency-wide statistics.
- It will provide a mechanism for integrating data from different sources into a single interface for completion of a variety of internal and external reports for a true case management system.
- The implications include:
  - Drastic reduction of state and federal audit exceptions;
  - Significant decrease in staff time spent on data entry allowing more time to be spent on providing direct customer services;
  - A dramatic improvement in case management quality assurance; and,
  - A greatly enhanced integration of the fiscal and program aspects.





*Alyson Campbell, Director*

## On the FSD Horizon . . .

### TANF Work Participation

- In collaboration with Department of Economic Development/Division of Workforce Development (DWD), responsibility for TANF work participation requirements will transfer to the DSS/FSD in SFY-2011. FSD is partnering with DWD and Community Action Agencies, offering a more direct and comprehensive plan of service to TANF participants.
- Missouri is required to attain a 50% work participation rate to be in compliance with federal requirements. Currently, Missouri's rate is approximately 15%.
- Failure to meet the participation rate could result in a significant penalty being imposed against Missouri – potentially \$10 million or more.

### Food Stamp Program

- **Participation Count Error**
  - The department discovered a programming error in the count of Food Stamp participants, which could adversely impact Missouri's eligibility for Food Stamp bonus monies received since FFY-2003.
  - The error impacts federal reports that are submitted accounting for Food Stamp participants in Missouri and on which bonus eligibility determinations are made. The count was overstated by approximately 260,000 people. No ineligible people have or are receiving Food Stamps benefits due to this error.
  - If Missouri is determined to be ineligible for all of the bonuses received, the potential impact is approximately \$14 million.
  - The department is in ongoing conversations with federal representatives on this issue and is working in cooperation with them to recalculate the participant count and resolve the bonus issue.
- **Food Stamp Payment Accuracy**
  - The federal government estimates Missouri's Food Stamp payment accuracy rates based on the results of quality control review reports.
  - Missouri's error rate is higher than the national average and FSD is conducting reviews of all its systems and processes to help keep Missouri out of a liability status.

### Completion of FAMIS Development

- As noted under Highlights, the state of Missouri has assumed responsibility from contracted staff for the completion of the FAMIS project.
- A transition plan is in the development stages, outlining turnover activities and timeframes. The preliminary target date for turnover is September 2010.

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## On the FSD Horizon . . . (continued)

### Child Support Medical Support Enforcement

- Health care issues impact the FSD in the MO HealthNet program as well as in the Child Support program.
- In the Child Support program, FSD obtains orders for medical support and has authority to enforce medical obligations, but is limited in the tools available to successfully enforce medical support orders.
- In July 2008, the federal Office of Child Support Enforcement issued a regulation change pertaining to medical support, which will require legislative changes and possibly Child Support guideline changes in Missouri.
- These measures were enacted to improve the ability of Child Support Enforcement to enter and enforce medical support obligations.
- FSD will seek assistance from the Missouri Supreme Court Family Support Committee in determining how to comply with specifics of the regulation which require states to:
  - Define accessible health insurance and reasonable cost; and,
  - Determine how the obligated parent will provide for child(ren)'s health care needs through health insurance coverage and/or through cash medical support.

## Program Divisions

# Children's Division

*Children's Division focuses on child safety, permanency and wellbeing.*

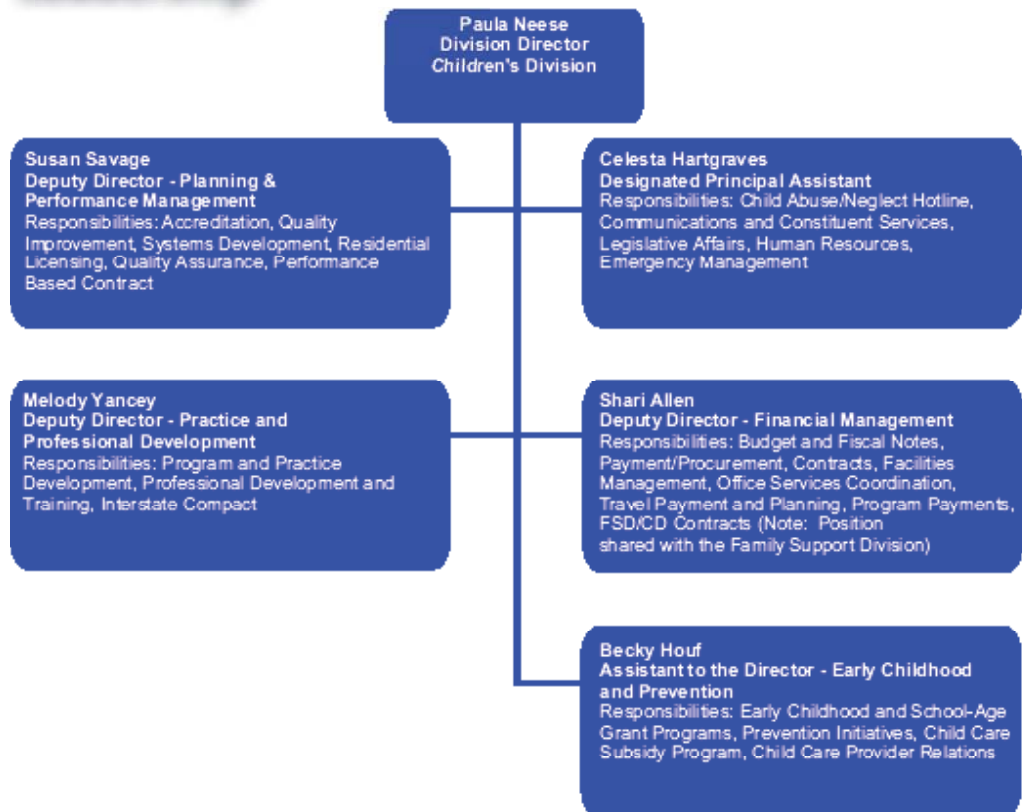
## Programs and Services

### Child Safety and Permanency

- Child Abuse and Neglect Investigation
- Foster Care and Treatment Services
- Adoption/ Guardianship
- Independent/ Transitional Living

### Child Care and Early Childhood Education

## Leadership



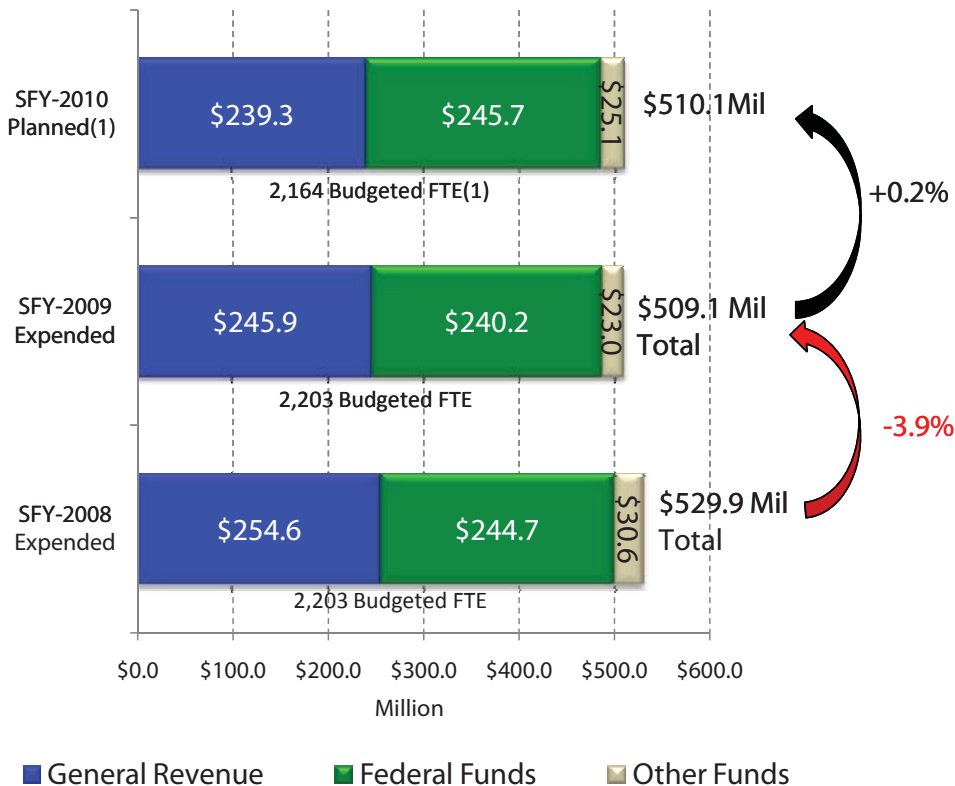
## Financing

- Total expenditures have declined by nearly 4% (\$19.9 million) from SFY-2008 to SFY-2010 planned.
- Federal fund spending has been stable while spending in General Revenue (GR) and other fund sources have declined.
- Overall GR spending declined 6% (\$15.3 million) from SFY-2008 to SY-2010 despite funding rate increases, caseload growth, accreditation and small increases to other child welfare programs. The decline in GR spending was aided by a reduction to the Children's Program Pool GR funding, expenditure restrictions, reductions in GR Child Care spending and a transfer of Residential Treatment expenditures claimed to Medicaid from the Children's Division budget to MO HealthNet.

## Financing (continued)

- Child Care American Recovery and Reinvestment Act (ARRA) funding provides an opportunity to maintain GR spending at the SFY-2009 level while maintaining eligibility and funding any caseload increase.
- Other fund spending declined by more than 18% (\$5.6 million) between SFY-2008 and SFY-2010 planned. The majority of this decline is spending in the Early Childhood Educational and Care (ECDEC) fund that supports the Child Care subsidy program as well as other early childhood grant programs. Funding for the early childhood grant programs has remained stable. In SFY-2009, \$5.7 million in one-time ECDEC funds supporting the Child Care subsidy program were cut from the budget. This reduction was sustained without an impact to the Child Care subsidy program.

## CD Expenditures SFY-2008 to SFY-2010 Planned (in millions)



(1) Planned expenditures and FTEs are based on the budget less restriction through December 2009 plus increase in estimated appropriations and expected supplemental requests.

## Each Day

in Missouri

140

Child abuse and neglect incidents are reported

11

Incidents of child abuse and neglect are substantiated on 16 children

3

Adoptions are finalized

43,149

Children from low-income families receive subsidized Child Care

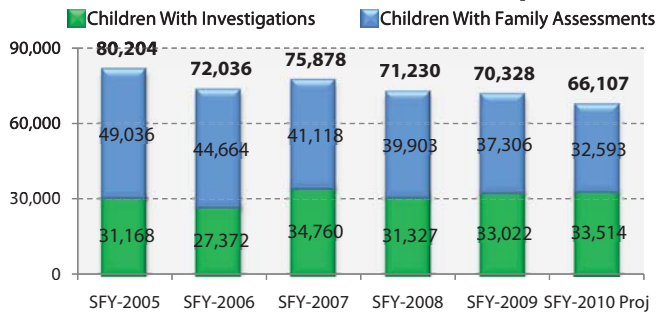
1,819

Child Care programs serving 38,223 children are provided training and technical assistance through Educare



# CD Performance

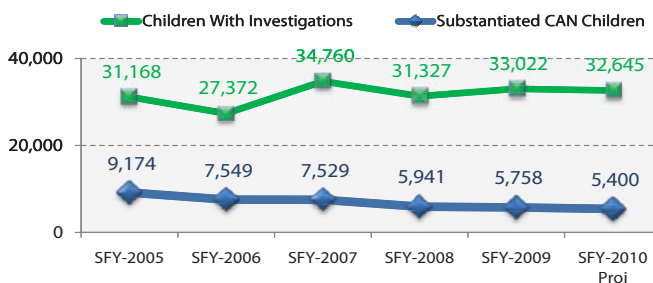
## Children With CAN Hotline Reports



## Children with CAN Hotline Reports

- The Child Abuse and Neglect (CAN) Hotline became automated in 2005 resulting in a more objective manner of screening and assigning reports.
- The screening process has remained the same since 2005 indicating allegations have changed over time.
- Missouri is one of few states using the automated decision screening process.

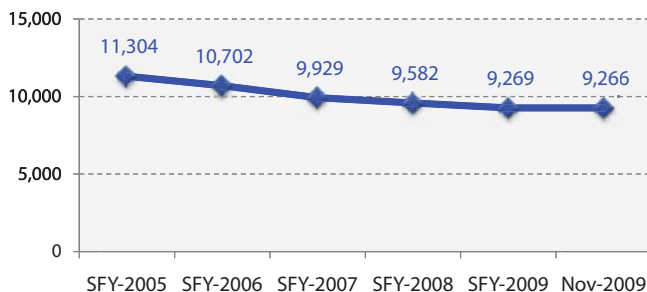
## Children With CAN Investigations and Substantiated CAN



## Children With CAN Investigations and Substantiated CAN

- A legislative change requiring a stricter standard of proof (from probable cause to preponderance of evidence) explains the sudden drop in substantiated cases seen after SFY-2005.
- Legal training for staff resulted in fewer overturned reports during the appeal process.
- To sustain and/or maintain this level, legal in-service training is required for new staff.

## Children in Foster Care



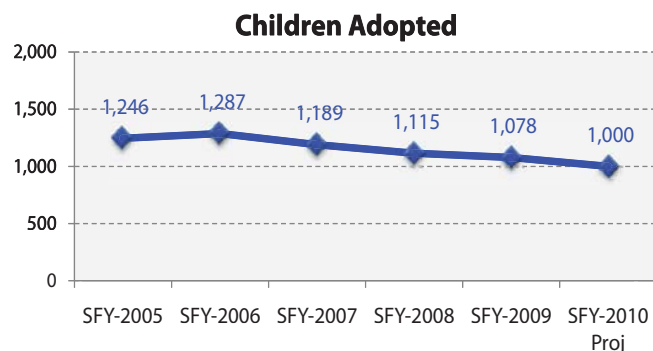
## Children in Foster Care

- More children are exiting than entering Foster Care.
- Entries are reduced by Intensive In-Home Services.
- Reunification with families is expedited through needs assessments of children and families, family support team meetings and guardian/relative subsidies.
- Increased exits have not increased the rate of abuse or neglect following reunification.
- Manageable caseloads need to be sustained to continue the trend.

## CD Performance (continued)

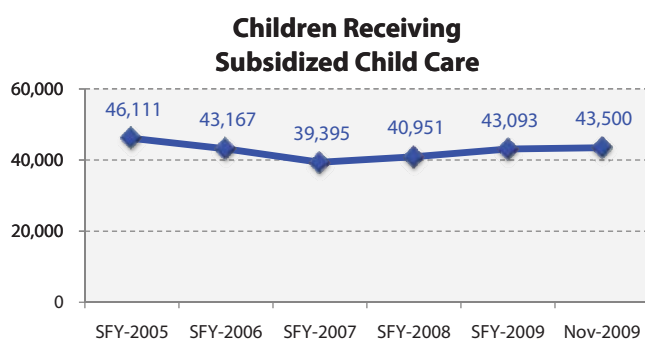
### Children Adopted

- The decrease in Foster Care children coupled with increases in subsidized guardianship are driving the decline in adoptions.
- Increased average age and need level of children awaiting adoption (a result of the decrease in Foster Care children) reduces the potential for adoption.
- Increasing adoptive resources for children who are older or have special needs and continuing adoption subsidy underpins future success.



### Children Receiving Subsidized Child Care

- Utilization declined in SFY-2005 and 2006 are due, in part, because income eligibility guidelines did not keep pace with the federal poverty level.
- In 2008, eligibility was increased to 130% (currently at 127%) of poverty. The economic decline and implementation of Transitional Child Care resulted in more families remaining eligible for services for a longer period.
- ARRA funds are helping sustain the program without additional GR.



# 2009 Highlights

## Accreditation

- It was the intent and goal of the General Assembly to have the Children's Division (CD) attain accreditation by the Council on Accreditation (COA) within 5 years (Section 210.113 RSMo).
- Accreditation in Missouri was achieved circuit by circuit from SFY-2005 through SFY-2010.
- COA rigorously reviewed Missouri's child welfare system, measuring it against more than 800 nationally-recognized standards that address the entire organization including its policies, procedures, programs and practices.
- On November 13, 2009, the Council on Accreditation announced the accreditation of the Children's Division, Missouri's child welfare system.

## Child Welfare Supervision Award

- The Albert E. Trieschman Award (for exemplary leadership and innovative initiatives contributing to the improvement of child welfare as it relates to policy and/or practice) and \$2,500 will be presented to the Children's Division at the Child Welfare League of America (CWLA) national conference in January 2010.
- This award was the result of a frontline supervisory workgroup formed in 2006, which developed a strategic plan for changing the culture of supervision and chartered an ongoing Child Welfare Supervision Advisory Committee.
- Work targeted promotion of the next generation of leaders and organizational excellence and effectiveness in improving capacity to meet challenges.

## Youth Aging Out of Foster Care

- The ultimate goal is to improve outcomes and futures for Missouri's youth exiting Foster Care.
- In August 2008, the Blue Ribbon Panel on Youth Aging Out of Foster Care was appointed to study how to maximize resources to support youth who are in or exiting from Foster Care and their transition to successful adult roles and responsibilities.
- The task force evaluated public and private resources available to support young Missourians in Foster Care as they approach age 18. Recommendations were made to improve and strengthen coordination, communication and collaboration among state agencies and private organizations.
- Findings and recommendations were presented to Governor Nixon in August 2009. The executive branch agencies were tasked with reviewing the report and making recommendations to the Governor.

## Building Healthy Families Nationally Recognized as Promising Practice

- The Building Healthy Families (BHF) program was formed in 2006 in Newton, McDonald and Jasper Counties in response to an increase in the number of children entering the Foster Care system.
- BHF is designed to improve services to chronically neglectful families in need of more intensive and focused services by providing better screening and initial evaluation, specialized case manager training and more effective services for chronic neglect cases. BHF strengthens and builds upon the existing community network.
- The BHF program has attracted national attention as a promising practice to reduce reoccurrence of maltreatment.
- The American Humane published an article on the BHF program in their November 9, 2009, publication addressing chronic neglect.

## \$488,000 Adoption Incentive Award

- The Adoption Incentive Payment is a federal program providing payment of incentive funds to states that increase the number of children adopted, with an emphasis on children with special needs and older children.
- Missouri was awarded an Adoption Incentive Payment in 2009 for exceeding the federal benchmark in 2007. The Incentive Payment is planned to be re-invested in the program.

# Key CD Projects

## Disproportionality Workgroup

- CD identified disproportionality and disparate outcomes for children of color as an area that needed exploration and attention.
- In the fall of 2008, Casey Family Programs facilitated a Compression Planning meeting in which an action plan was developed. Since that meeting, CD has established a standing Disproportionality Workgroup.
- The workgroup is utilizing a strategic plan as a guide for its activities which includes consultation from Casey Family Programs on how racial disproportionality work should influence service delivery by CD and its contractors, policies, procedures and practice. The workgroup is conducting a review of CD program and policy initiatives to increase services at the front end that help keep children safely at home and increase awareness of institutional racism and bias that negatively impact families of color in the child welfare system. The workgroup plans to review the child welfare training curriculum through a disproportionality lens and work on recommendations for changes which embed anti-racism principles in the curriculum.
- Casey is also assisting the workgroup with concept mapping and data analysis for Missouri and selected geographical areas where disproportionality and disparate outcomes seem to be more prevalent. A logic model will be developed to link strategies with intended outcomes for the initiative.
- Casey sponsored an Undoing Racism Training in Missouri in November 2009 for 39 participants including CD and case management contracted agency staff, as well as staff from Court Appoint Special Advocates (CASA), juvenile offices, the Missouri Juvenile Justice Association, guardian ad litem, Department of Mental Health and Office of State Courts Administrator (OSCA). The 3-day training opened the door for further discussion and progress in educating CD staff and partners on this topic. It provided a new perspective on poverty and racism for most attendees. The workgroup will explore additional ways to educate agency staff statewide on bias and racism.

## Learning Collaborative on the Reducing of Reoccurrence of Maltreatment

- In 2008, CD hosted a roundtable meeting on chronic neglect. National experts, agency staff and partner agencies participated in the review of Missouri data and the impact of chronicity on children and families.
- CD partnered with Casey Family Programs in September 2008 to begin a learning collaborative on reducing the reoccurrence of maltreatment. The collaborative utilized the Breakthrough Series Collaborative (BSC) methodology, which is a process of developing, testing and evaluating practice.
- Five pilot sites across the state have followed the BSC model from October 2008 until the present time. The sites are testing intervention strategies to engage families and children who have a repeat call of concern through our Child Abuse and Neglect Hotline system to reduce reoccurrence of maltreatment and chronic neglect and prevent children from coming into care. The Building Healthy Families initiative in southwest Missouri was already in existence at the implementation of this BSC and became one of the pilot sites for the project.
- The BSC officially ended on September 30, 2009; however, CD continues to explore intervention strategies in the field. CD continues to receive technical assistance from Casey as our final recommendations for the project are written. The final report will be presented to the CD Executive Team for review. Once the recommendations have been approved, CD plans to incorporate some strategies into the child welfare manual as a required practice. Other strategies and interventions will be shared with staff as promising practices and tips for engaging families and providing effective interventions. CD will continue to spread activities across the state and allow further testing and sharing of ideas.
- While actual data is not yet available, sites have indicated that many intervention strategies have resulted in a reduction of children coming into care, a reduction of repeat calls on the child victim over a period of time, an increase in community involvement and support with families experiencing chronic neglect and improved relationships with families served.

## On the CD Horizon . . .



*Paula Neese, Director*

### **Developing Health Care Coordination for Children in Foster Care**

- The federal Fostering Connections and Increasing Adoptions Act (2008-HR 6893) requires that states develop a plan for the ongoing oversight and coordination of health care services for any child in a Foster Care placement.
- This will ensure a coordinated strategy to identify and respond to the health care needs of children in Foster Care.
- CD is in the process of organizing a Health Care Coordination Committee comprised of individuals outlined in the legislation. The first meeting of this committee will be in March 2010.
- The Department of Social Services, through the MO HealthNet and CD, in partnership with Washington University Schools of Medicine and Social Work and St. Louis Children's Hospital, is applying for a Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) grant to coordinate health care services for youth ages 13 to 17 who are newly entered into the Foster Care system in the St. Louis area.

### **Undergoing the CFSR**

- CD will undergo a federal Child and Family Services Review (CFSR) in June 2010. The CFSR evaluates child welfare programs under Security Act Titles IV-B and IV-E grants. Because no state has passed a review, CD anticipates entering into a subsequent Program Improvement Plan (PIP). If a state fails to meet required performance standards, a withholding of federal funds can result.

### **Finalizing the Family and Children Electronic System (FACES)**

- The FACES project is expected to be completed this year.
- A FACES review will be conducted by the federal Administration for Children and Families to determine the state's level of compliance, from both system structure and system usage perspectives. The main challenge will be to complete the review with minimal required changes to be fully compliant.

### **Advance Work for Re-accreditation**

- CD will undergo re-accreditation in 4-year cycles, which means the beginning of its re-accreditation cycle will start in 2013. In the interim, the agency is required to submit Maintenance of Accreditation (MOA) reports and reports of changes or events. It also must cooperate with post-Final Accreditation Report (FAR) requirements, accreditation cycle monitoring processes, accreditation cycle site visits, or third-party complaint reviews, as required by the Council on Accreditation.



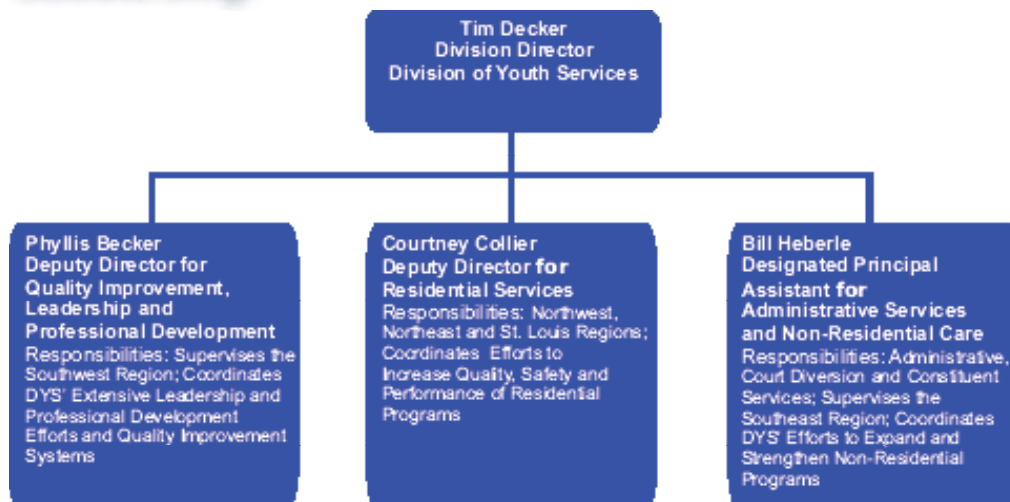
# Division of Youth Services

*Division of Youth Services treats youth that have encountered the juvenile justice system.*

## Programs and Services

- Case Management
- Residential Treatment
- Day Treatment
- Juvenile Court Diversion

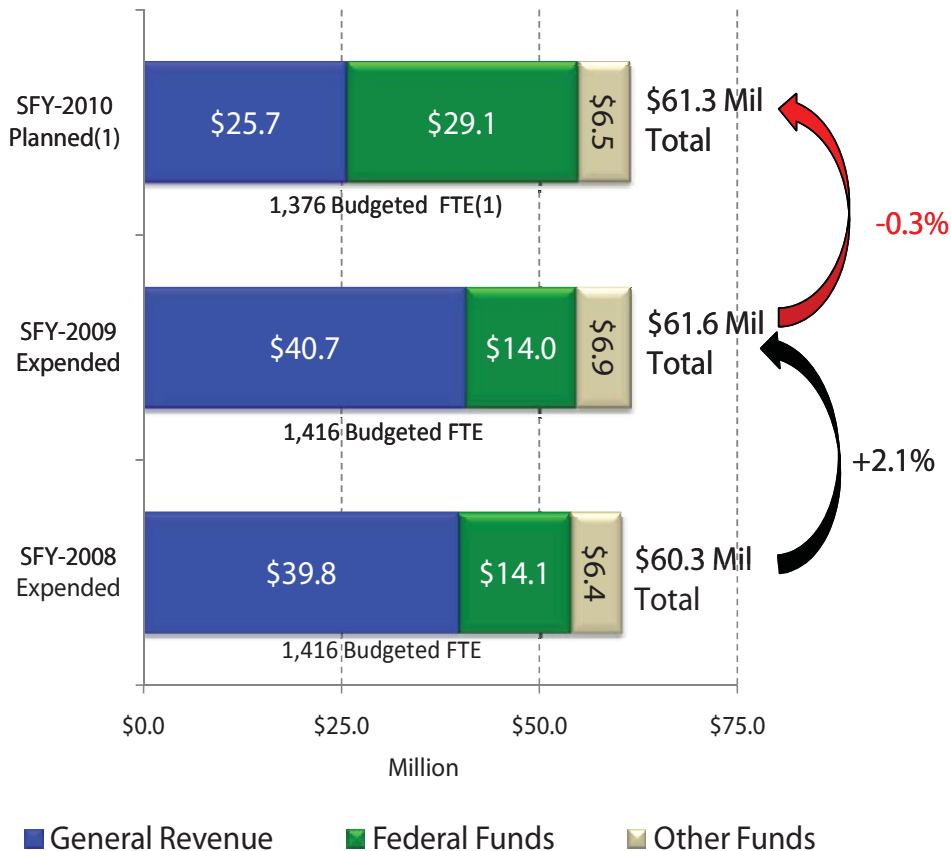
## Leadership



## Financing

- Total funding has been stable over the 2-year period.
- After 4 years in the works, an approved Medicaid State Plan Amendment to claim Medicaid on non-secure care facilities has allowed the Division of Youth Services (DYS) to shift \$21.5 million of costs (\$7 million of that in fringe) from General Revenue GR) to federal funds.
- There have been nominal increases for food inflation and clinical services coordinators to assist in activities related to Medicaid claiming in DHS non-secure care facilities.

### DYS Expenditures SFY-2008 to SFY-2010 Planned (in millions)



(1) Planned expenditures and FTEs are based on the budget less restriction through December 2009 plus increase in estimated appropriations and expected supplemental requests.

## Each Day

in Missouri

3

Youth are committed to  
DYS custody

11

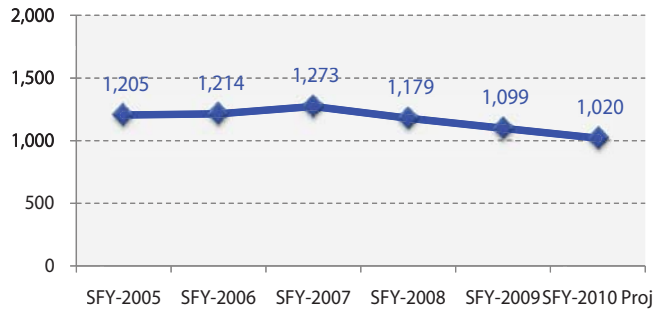
Youth are diverted from  
DYS custody and are  
served in the community

1,606

Youth are in DHS group  
homes, moderate care facilities,  
secure care or aftercare

# DYS Performance

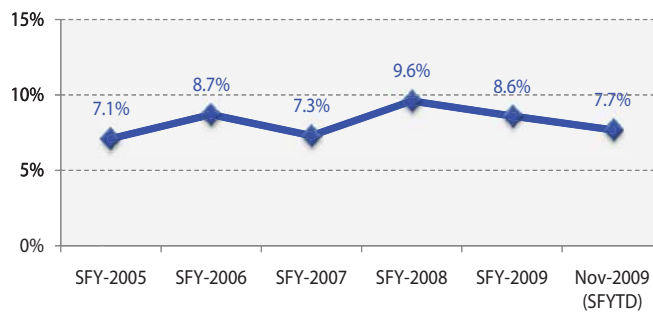
## Youth Committed to DYS



## Youth Committed to DYS

- The downward trend is from fewer referrals to Missouri's Juvenile Courts, increased emphasis on Juvenile Court diversions and greater collaboration between the DYS and the courts.
- This trend allows DYS resources to be focused on the youth most in need of intervention and most at risk for future offenses.
- DYS is continually monitoring commitment trends and intervening where courts are experiencing increased commitments.

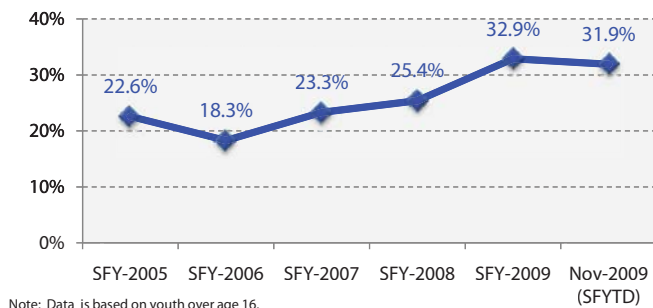
## DYS Reccommitment Rate



## DYS Reccommitment Rate

- Reccommitments remain stable due to DYS comprehensive and individualized approach to treatment and education.
- Youth move through the system at a rate specific to their needs and progress.
- Youth are discharged from care when they are ready to succeed at home and in the community without further intervention by the state juvenile justice system.

## DYS Educational Completion



Note: Data is based on youth over age 16.

## DYS Educational Completion

- School completion is a predictor of law-abiding behavior.
- DYS students awarded a diploma or general education diploma (GED) increased significantly from SFY-2006 to SFY-2009.
- During this period, DYS established increased standards and goals focused on education, teachers were provided increased professional development opportunities and a credit recovery program was expanded to increase high school graduates.
- Senate Bill 291 and administrative rules have further restricted access to GED programs and exams. As the impact of this change begins to take hold, completion rates are trending downward.

# 2009 Highlights

## Increases in Educational Completion Rates

- The number of DYS youth achieving a high school diploma or GED increased from 220 to 385 students from SFY-2006 to 2009.
- At the time of discharge, 32.9% of DYS youth leave the agency with a high school diploma or GED. Many of these youth would have otherwise continued patterns of school failure or dropout.
- Annual DYS graduation ceremonies are held throughout the state to recognize student success. Parents, family, community members, employers, civic leaders and elected officials often participate in these events.

## Partnerships With Juvenile Courts

- Consistent communication and collaborative planning with local courts brings greater focus to state and local juvenile justice efforts, including a results-based planning process integrated within the Juvenile Court Diversion program.
- Well-established partnerships, such as those in Greene, Jackson, Clay/Platte, St. Charles and Jefferson Counties, continue to thrive while promising practices such as the Innovative Concept Academy in St. Louis City and Community Resource/Day Treatment program in St. Louis County are evolving from stronger partnerships with local courts.
- As a result, over the past 2 years, DYS commitments have decreased from 1,179 in 2008 to 1,099 in 2009.
- This allowed DYS resources to be concentrated on youth with chronic and serious patterns and needs.

## Sustainability and Replication of Successful DYS Principles and Practices Within Missouri and the Nation

- The Department of Social Services implemented Medicaid Rehabilitative Behavioral Health billing for services provided by DYS, bringing in substantial new federal revenue, decreasing reliance on state GR and expanding funding options for rehabilitative services.
- DYS continues as a national leader in juvenile justice:
  - During 2009, 2 national documentaries aired focusing on the effectiveness, outcomes and reasonable costs of Missouri's DYS system. This included a full-length ABC News Primetime episode, which aired September 9, and a 30-minute Visionaries documentary, which aired on PBS stations in numerous cities throughout the country as a follow up to DYS' Harvard Innovations in American Government Award.
  - DYS conducted national presentations hosted by the Harvard Graduate School in Cambridge, Massachusetts, and the Children's Defense Fund in Sacramento, California. DYS hosted site visits for delegations from Louisiana; Santa Clara, California; New Mexico; New York; Los Angeles and San Francisco, California. The visitors are among numerous states interested in replicating Missouri's approach and outcomes.

## Leadership Development and Enhanced Professional Development Practices

- Faced with numerous retirements of key administrators and managers and varying quality of services, DYS embarked on a systemic approach to enhance leadership skills and improve programmatic practices.
- Administrators and supervisors are now involved in ongoing statewide and regional leadership development and quality improvement sessions.
- As a result, overall performance has been increased and numerous key leadership transitions have been successfully implemented at the state and regional level.

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## Key DYS Projects

### Medicaid Rehabilitative Behavioral Health

- The Department of Social Services, MO HealthNet and DYS implemented Medicaid Rehabilitative Behavioral Health billing for services provided by DYS.
- This provides substantial new federal revenue and recognizes the rehabilitative impact of front-line treatment services provided by youth specialists, group leaders, service coordinators, family therapists and others.
- The federal revenue decreases DYS' reliance on state GR and provides expanded funding options for rehabilitative services.

### Developing an Effective Leadership Development System

- Facing numerous retirements of key administrators and managers and varying quality of services throughout the state, DYS embarked on a systemic approach to sustain and enhance leadership skills and improve programmatic practices.
- Administrators and supervisors throughout the system are now involved in ongoing statewide and regional leadership development and quality improvement sessions. As a result, overall performance has been increased and numerous key leadership transitions have been successfully implemented at the state and regional level.

### Missouri DYS Documentaries – ABC News Primetime and Visionaries

- Two national documentaries were aired focusing on the effectiveness, outcomes and reasonable costs of the Missouri DYS system.
- This included a full-length ABC News Primetime episode, which aired on September 9, and a 30-minute Visionaries documentary, which aired on PBS stations in numerous cities throughout the country as a follow up to DYS' Harvard Innovations in American Government Award.
- The ABC News Primetime episode involved a year of filming from a producer embedded in DYS programs.
- Both projects support broader adoption of effective principles and practices in juvenile justice and have potential as efficient and effective internal and external communication tools.



*Tim Decker, Director*

## On the DYS Horizon . . .

### Strengthening and Expanding Non-residential Services

- While in the DYS custody, youth receive residential care with a significant positive outcome. However, when youth return to their families, community supports and opportunities are needed to ensure a successful transition to productive adulthood.
- Standards and expectations for DYS' service coordination system have been redefined and professional development is being strengthened.
- Day treatment hours and services are being expanded, innovative approaches are being explored and family therapy and job/career programs are gaining greater emphasis.
- DYS is reaching out to other agencies and Missouri's community partnerships to access formal and informal natural supports to improve all aspect of DYS functions including non-residential services.

### Maintaining Educational Completion Rates for DYS Youth

- Administrative rules and the legislative provisions of Senate Bill 291, passed during the 2009 legislative session, have negatively impacted educational completion for DYS youth.
- Prior to this bill, qualified DYS youth could take the GED exam at age 16, often while still in residential care and attending the DYS accredited school.
- Now youth must be 17 years of age or have attained 16 high school credits to be allowed to take the GED.
- Many youth are now much more reliant upon the community educational options.
- DYS is working on administrative solutions, such as expanding day treatment and other non-residential options, improving transition planning and assisting youth in navigating the challenges of public school settings.

### Identification and Implementation of Efficiencies, Spending Reductions and Revenue Maximization Strategies

- The current economic climate and importance of stewardship are leading to efficiency reviews across the DYS system.
- More cost efficient non-residential options are being explored and support functions are being streamlined.
- Medicaid Rehabilitative Behavioral Health billing has generated significant new federal revenue, decreasing reliance on state GR.
- Additional opportunities will be explored to leverage resources, fully access federal reimbursements and increase efficiencies.

### Increasing Quality and Performance of Residential Services

- Constant attention to professional development, quality improvement, supervision and coaching and mentoring of staff is necessary.
- Team-based professional development approaches and revitalized curriculum and on-the-job coaching are some of DYS' primary strategies aimed at increasing quality, staff performance and employee retention.

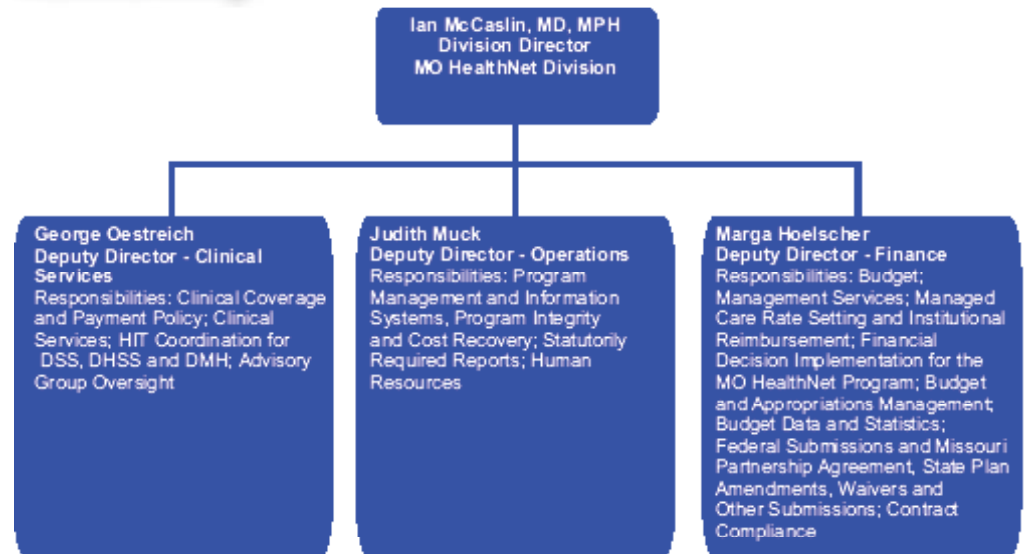
# MO HealthNet Division

MO HealthNet Division administers publicly financed health care programs for lower income Missourians.

## Programs and Services

- MO HealthNet
- Missouri Rx Plan

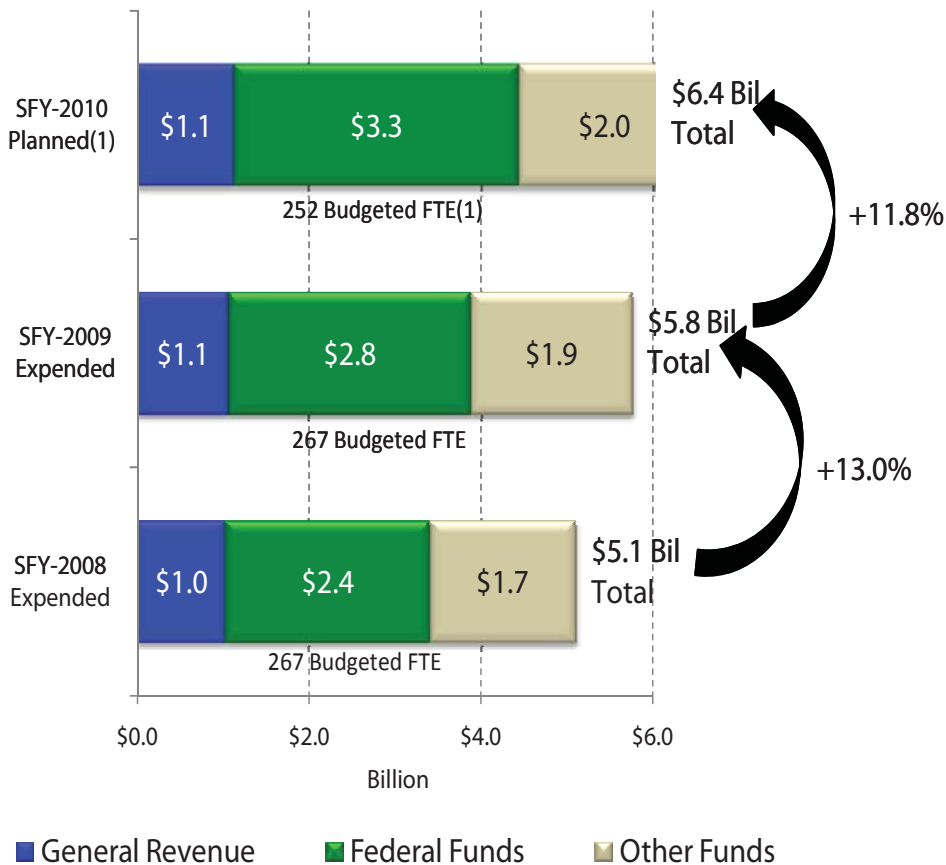
## Leadership



## Financing

- Total spending has increased by 26.2% (\$1.3 billion) while General Revenue (GR) has increased by 10% (\$105.0 million).
- Missouri was successful in leveraging federal and other funds to support its Medicaid program to the benefit of GR.
  - Significant other fund increases include greater use of provider taxes to hospitals and nursing facilities and pharmacy rebates for the Pharmacy program.
  - Federal fund expenditures as a percentage of total spending have increased from 47% in SFY-2008 to 51% in SFY-2010, due in part to favorable federal match rates (from 62.22% in SFY-2008 to 64.18% in SFY-2010).

### MHD Expenditures SFY-2008 to SFY-2010 Planned (in millions)



(1) Planned expenditures and FTEs are based on the budget less restriction through December 2009 plus increase in estimated appropriations and expected supplemental requests.

## Each Day

in Missouri

# 872,553

(October 2009)

People have access to medical treatment through MO HealthNet

# 24,099

People receive nursing facility care through MO HealthNet

# 233,000+

MO HealthNet claims are processed

# \$289,000+

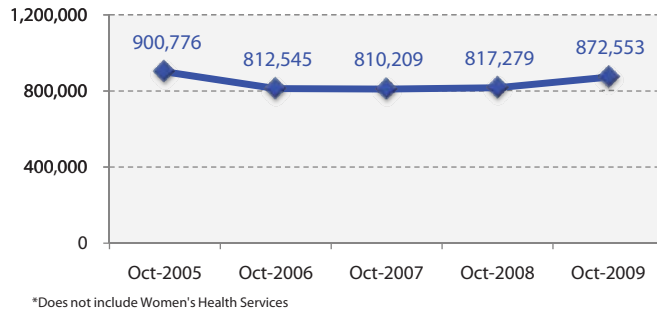
Are recovered and reinvested in MO HealthNet through third party liability and pharmacy rebate collection

# \$3,000,000

In provider taxes are collected from hospitals, nursing facilities, pharmacies and managed care organizations

# MHD Performance

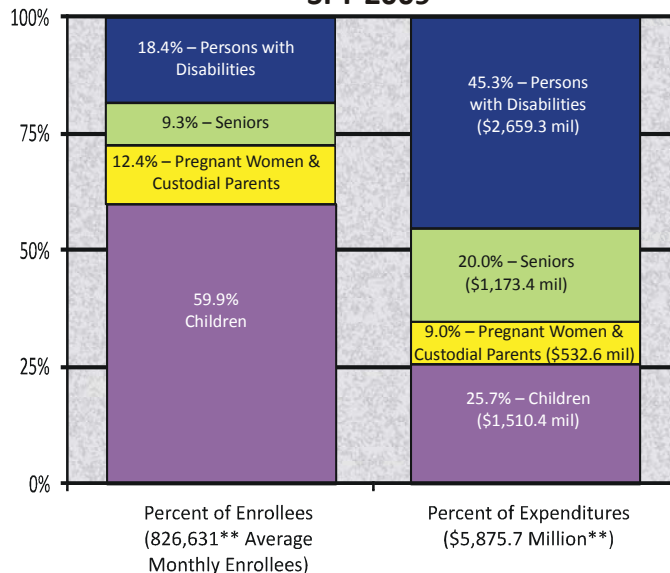
## MO HealthNet Enrollees\*



## MO HealthNet Enrollees

- From October 2005 to October 2009, there has been a cumulative drop in the number of MO HealthNet (MHN) enrollees of 3.1%, but the aggregate is deceiving.
- Between October 2005 and October 2006 enrollment decreased by nearly 10%, predominately from eligibility reductions for adults, seniors and persons with disabilities. Adult eligibility reductions have led to decreases in children enrolled even though they were eligible.
- The more than 7% growth in MHN participants since October 2007 reflects national trends as a result of the recession.
- Enrollment growth for parents and caretakers in Missouri has been less than that experienced in many states due to Missouri's low Temporary Assistance for Needy Families eligibility line.
- The major proportion of growth has been for children and persons with disabilities. Growth in enrollment for seniors has remained relatively stable.
- Overall enrollment growth can be expected to continue for 2010. The rate of growth will depend upon national and state-level trends for jobs growth and economic recovery indicators.

## MO HealthNet SFY-2009



\*\*Data reflects Department of Social Services, Table 23, Medical Statistics adjusted for SCHIP, Ticket to Work Health Assurance Program (TWHAP) and spend down enrollee contributions and excludes Women's Health Services.

## MO HealthNet SFY-2009

- While the most expensive eligibility groups, seniors and persons with disabilities, comprise less than 28% of MHN enrollees, those groups combined account for more than 65% of MHN expenditures.
- It is important to note that nearly 75% of MHN enrollees are children, pregnant women and low-income parents – many of which are covered by managed care.
- Managed care results in savings to the state, enhanced accountability, improved access and higher quality standards as reported through Healthcare Effectiveness Data and Information Set (HEDIS) standards.

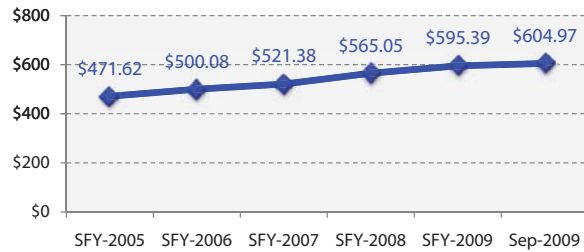
## MHD Performance (continued)

### MO HealthNet Claims Expenditures Per Member Per Month

- From SFY-2005 to September 2009, there has been a cumulative per member per month (PMPM) spending increase of 28.3%.
- The department has undertaken an assessment, conducted by the Lewin Group, to examine the MO HealthNet program looking for ways to reduce costs administratively and clinically. The study will be completed during the first calendar quarter of 2010.



**MO HealthNet Claims Expenditures\*\*\*  
Per Member Per Month**



\*\*\*Does not include Women's Health Services

#### September 2009 PMPM Cost

Persons With Disabilities	\$1,477
Seniors	\$1,370
Pregnant Women	\$480
Custodial Parents	\$400
Children	\$257

# 2009 Highlights

## MO HealthNet Comprehensive Reviews

- Given recession-related caseload growth and mounting budgetary challenges, a determination was made in 2009 to commission national consulting firms to perform a series of comprehensive reviews and analysis of all aspects of MHN pharmacy, operations, finance and clinical services.
- Multiple vendors including Mercer, the Lewin Group and Alicia Smith & Associates, were selected to conduct these formal evaluations with these specific goals:
  - Short-term program efficiencies to inform the SFY-2011 budget process;
  - Longer term policy options to enhance cost controls, as well as improve access and quality of services; and,
  - Evaluation of the retrospective performance of managed care in the Missouri Medicaid program, specifically in terms of cost, quality and access to care.
- Reports related to these topics are available as follows:
  - Short-term Cost Containment Opportunities, <http://www.dss.mo.gov/mhd/oversight/pdf/shortterm-cost2010jan07.pdf>;
  - MO HealthNet Long Term Care Review, <http://www.dss.mo.gov/mhd/oversight/pdf/longterm-care2010jan07.pdf>;
  - Managed Care Report, <http://www.dss.mo.gov/mhd/oversight/pdf/managedcare091218.pdf>; and,
  - MO HealthNet Medicaid Pharmacy, <http://www.dss.mo.gov/mhd/oversight/pdf/pharm0911report.pdf>.

## Managed Care Contract

- In the Missouri Medicaid program, managed care plans in 3 regions encompassing 54 counties serve 411,228 MHN participants, composed of children, pregnant women and low-income adults.
- Effective October 1, 2009, new contract terms significantly improved plan accountability and compliance requirements, requiring each plan to pursue National Committee for Quality Assurance (NCQA) certification within 2 years.
- Additionally, the contract returned pharmacy risk bearing under a single statewide formulary to the state, achieving cost savings, enhancing provider satisfaction and improving program operations.

## Pursuit of Waste, Fraud and Abuse

- Minimizing fraud, waste and abuse and assuring the integrity of the MHN program requires a variety of complex methods and cooperation across agency lines.
- The Program Integrity (PI) Unit within the MO HealthNet Division (MHD) is responsible for conducting participant and provider reviews to determine compliance with MHN program policy and regulations.
- The Cost Recovery Unit within MHD is responsible for recovering the cost of health care from other payers.
- Based on the work of these units, MHN successfully avoided \$188 million in costs and recovered \$58 million in expenditures for a SFY-2009 total savings impact of \$246 million.

## Hospital Precertification

- Precertification and retrospective review of hospitalization admission and length-of-stay criteria for the MHN fee-for-service population is a critically important component of effective program management.
- For many years this function has been performed by an independent contractor, with little opportunity to integrate the important clinical utilization review data with care management.
- In 2009, this function was transitioned, through existing technology capabilities, to a uniquely integrated function allowing for early identification and intervention for at-risk individuals.

## 2009 Highlights (continued)

### Better of Days Regulation

- In line with MHD's ongoing review of operations and determination to align reimbursement policies with utilization and cost-based criteria, a regulation was published September 1, 2009, to outline an enhanced methodology for prospective determination of hospital inpatient bed days utilization.
- The new regulation will achieve considerable aggregate savings on inpatient hospital reimbursement.

### MMIS Reengineering

- MHN awarded a contract to Infocrossing to transform the MHN Medicaid Management Information System (MMIS) into a dynamic rules-based system with increased functionality and performance and internet accessibility.
- The project is on time and within budget.

## Key MHD Projects

### Comparative Analysis of Quality of Care and Access to Services

- MHN commissioned an independent study by the national firm of Alicia Smith & Associates to analyze the historical record of managed care in Missouri in comparison with quality and access measures for the comparative fee-for-service population.
- Using HEDIS and HEDIS-like measures such as well child visits, childhood immunizations, timeliness of prenatal care, and cervical cancer screening, the report findings demonstrated that managed care has performed better on access and on birth outcomes as well as on providing education to participants.
- Immunization rates for children were found to be below the national average for both fee-for-service and managed care, although the data analysis did not fully reflect immunizations delivered in the public health setting.
- The report recommended that MHN consider eligibility and enrollment strategies to improve access to prenatal care for pregnant women.
- Finally, the report found favor with MHN's efforts to develop HEDIS-like measures for evaluation of quality and access for fee-for-service participants.

### MO HealthNet Chronic Care Improvement Program (CCIP) Financial Evaluation

- A report commissioned by MHN evaluating the effectiveness of care management intervention in terms of financial impact was performed, focusing on individuals covered through the Missouri Medicaid disease management program known as CCIP.
- The study examined a comparable population to assess trends outside of CCIP and evaluated the net cost of the program on a per member per month basis for medical savings offset by program fees.
- The report revealed that CCIP reduced medical expenditures by \$15.7 million, or 1.4% of expected costs, from July 1, 2007, to June 30, 2008. Overall, net cost to the state was \$940,000, or 0.1% of expected medical costs.
- A further comparison, separating dual eligibles from the full population and after netting out vendor fees, demonstrated a net program savings of roughly 2%, or \$16.7 million, for calendar year 2008. This finding is not surprising given that disease management efforts for dual eligibles would be predicted to accrue savings to Medicare rather than Medicaid. In many cases, the remaining expenses for the duals that were charged to Medicaid actually resulted in an increase in expense to the state, for example, increases in physician visits.

## Key MHD Projects (continued)

### Evaluation of Health and Wellness Outcomes of MHN Participants and MHN Provider Network Demographics

- The report prepared by Center for Health Policy, University of Missouri and St. Louis University School of Public Health evaluated MHN claims data reflecting disease specific outcomes and provider demographics for the MHN fee-for-service population. This report also includes survey data that examined participant and provider satisfaction with the MHN program.
- The study revealed several meaningful trends:
  - The southeast region of the state stood out among all regions for the highest rates of achievement of recommended outcomes for congestive heart failure and coronary artery disease, suggesting that MHN may be having a positive effect on health care quality and access to care for vulnerable populations.
  - The metropolitan areas of St. Louis and Kansas City had the highest rates of achievement of outcomes goals for asthma and diabetes. This is very significant and reflects MHN's commitment to reduce disparities in access and quality of health care by ethnicity. Blacks in all areas of the state had equal or better outcomes than whites in clinical outcome measures for asthma, congestive heart failure and diabetes.
  - Examination of provider network demographics revealed that the number of MHN providers that regularly care for MHN participants is relatively small compared to the total number of state providers. This finding is likely reflective of reduced rates of reimbursement for evaluating and treating MHN participants.
  - The provider satisfaction survey revealed general satisfaction with the MHN program and with the quality of communication provided by the program.
  - The participant satisfaction survey showed that MHN participants are generally satisfied with the care they received from their MHN providers. Specifically, 83% of participants said they were treated with courtesy and respect by their health care providers, 77% of participants said they did not have a problem getting a doctor or nurse they were happy with and 79% were able to identify a personal physician or nurse in keeping with MHN's commitment to developing health care homes for participants.



*Ian McCaslin, MD, MPH, Director*

## On the MHD Horizon . . .

### Increasing Caseload Growth

- During the current economic recession, and despite severe state fiscal pressures, as family incomes fall and unemployment rises Medicaid has seen an increase in the number of children, pregnant women, persons with disabilities and low-income families served.
- If economic conditions improve, caseload growth would be expected to moderate.

### Pursuit of Enhanced Behavioral Health Services Access and Quality

- MHD is working with managed care plans and the Department of Mental Health (DMH) to intensively evaluate the provision of behavioral health services delivery to participants.
- A dashboard has been developed to monitor and improve upon key measures, including surveys of provider participation, availability of elective appointments, psychiatric hospitalization follow up and provision of case management services.
- Through this multi-stakeholder initiative, barriers and opportunities are being identified to affect behavioral health services delivery.

### Federal Health Insurance Reform

- If passed at the federal level, national health insurance reform will build on the state Medicaid platform, bringing significant eligibility expansion beginning perhaps as early as 2013.
- New administrative challenges will be considerable; however, significant opportunities to better manage high cost populations including dual eligibles, simplification of eligibility rules, streamlining of enrollment policies and closing the many gaps in the health care safety net, are envisioned by the architects of national reform efforts.

### Radiology Benefit Management (RBM) Services

- Radiology Benefit Management services have been integrated into MHN Clinical Services panel of utilization management tools since July 2006.
- This capability will be greatly expanded in 2010, including such advanced imaging modalities as computed axial tomography (CT) scan, magnetic resonance imaging (MRI), positron emission tomography (PET) scan, cardiac imaging and ultrasound.
- The enhanced RBM will leverage existing expertise, technology and resources to intelligently manage costs, reduce redundancy and improve program efficiency, all while ensuring appropriate quality care is delivered in accordance with American College of Radiology and Specialty Society criteria.
- Through innovative amendment of current contract terms, while placing the selected vendor at significant financial risk should utilization exceed expectations, the division will ensure performance-based reimbursement while gaining substantial state savings.

### Ambulance Provider Tax

- Sections 190.800–190.839 of CCS/HCS/SCS/SB 307, signed by Governor Nixon June 26, 2009, imposed a gross receipts tax upon emergency ambulance service providers in an amount not to exceed that allowed by federal law.
- The revenues derived from the tax will be deposited into the newly created Ambulance Service Reimbursement fund used to increase payments to the 215 licensed ground ambulance service providers participating in MHN.
- The proposed tax rate is 5.45% of revenues and is expected to yield approximately \$9.3 million in state match. The tax awaits approval from the Centers for Medicare and Medicaid Services.



# Missouri Office of Health Information Technology

*Missouri Office of Health Information Technology (MO-HITECH) is promoting the development and application of an effective health information technology (HIT) and health information exchange (HIE) infrastructure for the state of Missouri.*

## Vision and Objectives

The Health Information Technology for Economic and Clinical Health (HITECH) Act within the 2009 American Recovery and Reinvestment Act (ARRA) provides an unprecedented opportunity for states to access federal funds to plan, design and implement the infrastructure to support statewide HIE and to encourage the adoption and use of electronic health records (EHRs). The state of Missouri is well positioned to take full advantage of this opportunity and is committed to ensuring its providers and patients realize the benefits of statewide HIE. Following the passage of the HITECH Act, Executive Order 09-27, created the Missouri Office of Health Information Technology (MO-HITECH) to promote the development and application of an effective HIT and HIE infrastructure for the state of Missouri. The Executive Order was signed recognizing the potential of health IT and HIE to improve the quality and reduce the cost of health care and promote the public health in Missouri. The state of Missouri has worked collaboratively with its stakeholders to develop the current HIE Strategic Plan and is committed to continuing to work with stakeholders to develop and implement an Operational Plan to support statewide HIE. Missouri plans to develop and finalize its Operational Plan for submission to the Office of the National Coordinator for Health IT (ONC) by May 31, 2010. The MO-HITECH initiative is dedicated to utilizing health IT and HIE to:

- Improve the quality of medical decision-making and the coordination of care;
- Provide accountability in safeguarding the privacy and security of medical information;
- Reduce preventable medical errors and avoid duplication of treatment;
- Improve the public health;
- Enhance the affordability and value of health care; and,
- Empower Missourians to take a more active role in their own health care.

Missouri is committed to ensuring the state's patients and physicians realize the benefits of HIE.

# Leadership

## Advisory Board

- Barrett A. Toan, Private Sector Co-Chair
- Ronald J. Levy, Director, Department of Social Services, and HIT Coordinator, Public Sector Co-Chair
- Donald Babb, CEO, Citizens Memorial Hospital, Bolivar
- Steve Calloway, Pharmacy
- Representative Shalonn Curls, District 41, Kansas City
- Margaret T. Donnelly, Director, Department of Health and Senior Services
- Karen Edison, MD, Missouri Center for Health Policy
- Tracy Godfrey, MD, Family Physician, Joplin
- Tom Hale, MD, PhD, Sisters of Mercy Health System
- Sandra Johnson, JD, LL.M, Emerita Professor of Law and Health Care Ethics, St. Louis University School of Law
- Herb B. Kuhn, President & CEO, Missouri Hospital Association
- Ian McCaslin, MD, MPH, Director, MO HealthNet Division
- Joe Pierle, CEO, Missouri Primary Care Association
- Verneda Robinson, CEO, Swope Health Systems
- Andrea Routh, Health Advocacy Alliance
- Senator Eric Schmitt, District 15, St. Louis
- Mahree Skala, Missouri Association of Local Public Health Agencies
- Steven C. Walli, President & CEO, United Healthcare MO
- David Weiss, CIO, BJC Healthcare
- Karl Wilson, President & CEO, Crider Center for Mental Health

## Leadership (continued)

### Workgroup Co-Chairs

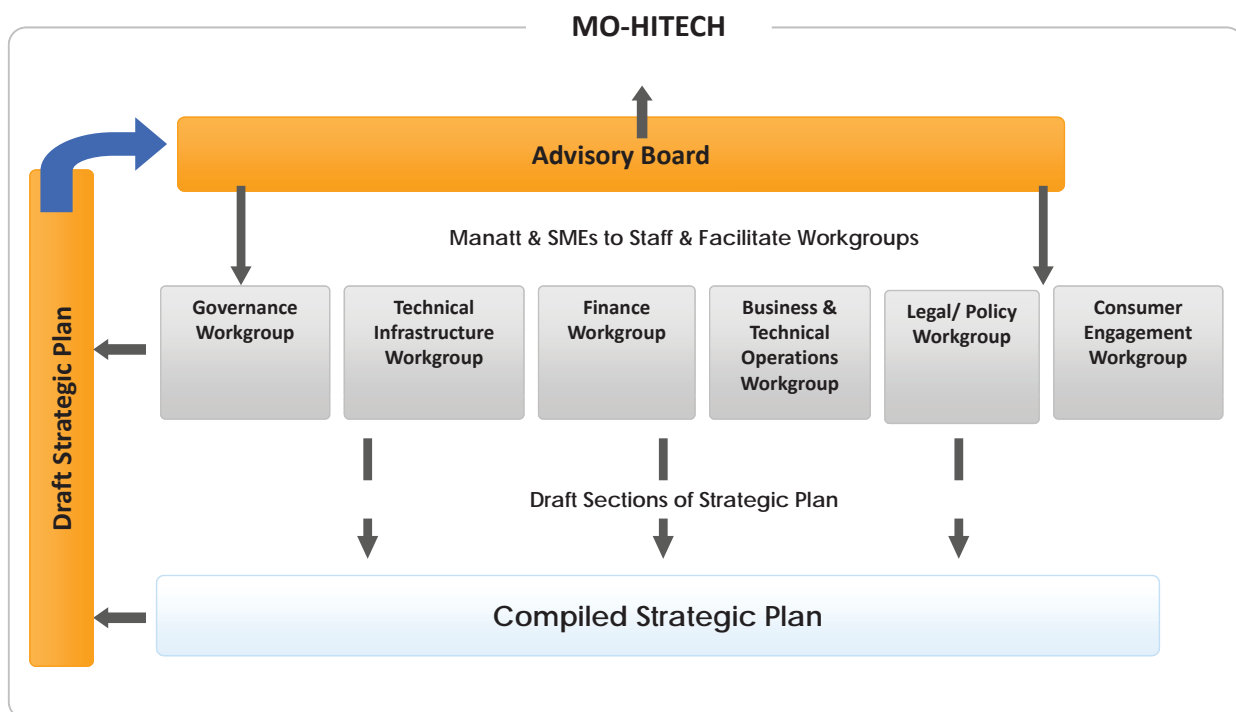
- **Governance** – Steve Roling, Healthcare Foundation of Greater Kansas City, and Ronald J. Levy, Director, Department of Social Services and HIT Coordinator, Co-Chairs
- **Finance** – John M. Huff, Director, Department of Insurance, and Donna Checkett, Sr. VP, Aetna Medicaid, Co-Chairs
- **Technical Infrastructure** – Mitzi Cardenas, CIO, Truman Medical Center, and Doug Young, CIO, Information Technology Services Division, Co-Chairs
- **Legal and Policy** – Sandra Johnson, Professor Emerita of Law and Health Care Ethics, St. Louis University School of Law, and, Doug Nelson, Deputy Commissioner/General Counsel, Office of Administration, Co-Chairs
- **Business and Operations** – Karl Kochendorfer, MD, University of Missouri - Columbia, and Ian McCaslin, MD, MPH, Director, MO HealthNet Division
- **Consumer Engagement** – Scott Lakin, Lakin Consulting, and Margaret T. Donnelly, Director, Department of Health and Senior Services



# On the MO-HITECH Horizon . . .

## Planning and Development

- Following 6 listening sessions held around the state during August 2009, the MO-HITECH Advisory Board was created by Executive Order 09-27 to advise the state on the development of strategic and operational plans as well as a long term plan for sustainability of Missouri's HIE infrastructure. The advisory board is working with 6 public workgroups charged with addressing issue-specific domains. Beginning in December 2009 and continuing through the submission of the strategic plan, the workgroups are meeting biweekly and the advisory board convenes monthly to develop a strategic plan.
- The advisory board and workgroups are co-chaired by members of the public and private sector and staffed by members of the MO-HITECH team along with subject matter experts retained as consultants to support the process. The state, through generous financial support from the Missouri Foundation for Health and Health Care Foundation of Greater Kansas City, has engaged Manatt Health Solutions to act as counsel and advisors to the state, providing both strategic advice and implementation/technical assistance. The state has also engaged staff from Missouri's quality improvement organization, Primaris, to support the strategic planning process.
- A draft strategic plan (available at <http://www.dss.mo.gov/hie/action/pdf2010/draft-strategic-plan.pdf>) is being finalized in February 2010. An operational plan for submission to the Office of the National Coordinator for Health IT is scheduled for completion by May 31, 2010.



# Support Divisions

Support divisions provide enterprise-wide financial, human resources, legal and statistical support services.

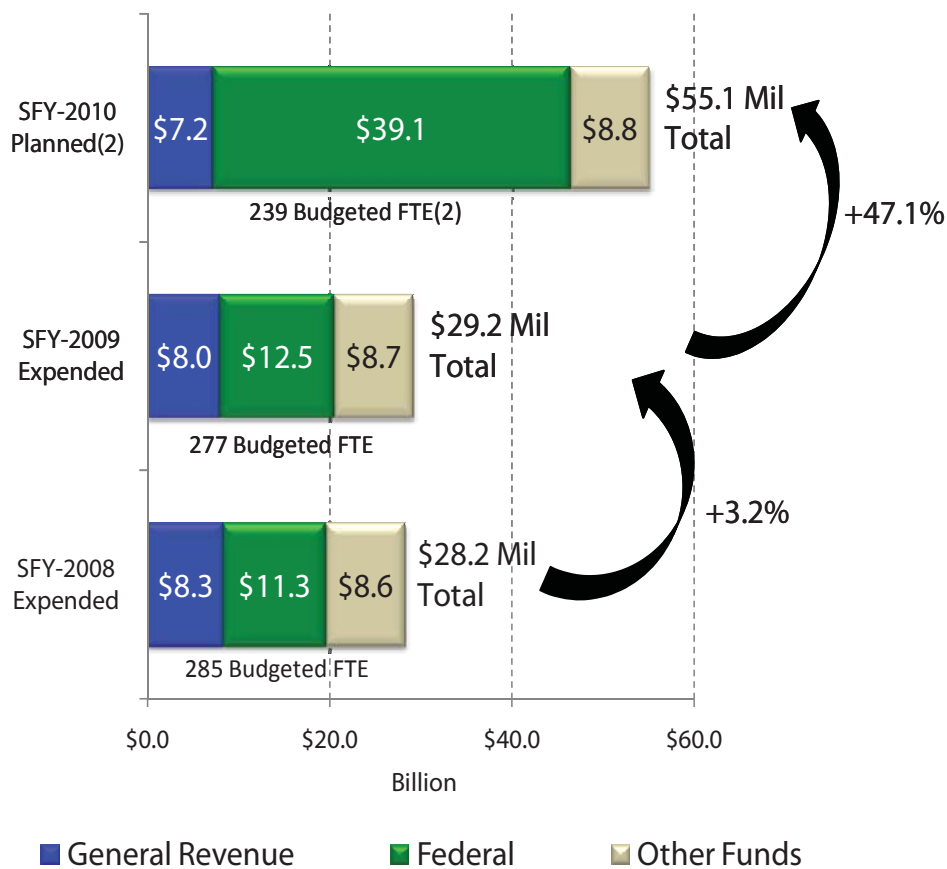
## Supports

- Office of the Director
- Center for Management Information
- Human Resource Center
- Division of Finance and Administrative Services
- Division of Legal Services

## Financing

- Total spending nearly doubled, while General Revenue declined by 13.2%, or \$1.1 million.
- Factors contributing to the significant spending increase include:
  - DSS decision to change its contract and payment process for the operation of Fort Leonard Wood cafeteria services under the Blind Vendor program, resulted in a \$22.0 million pass through increase. The pass through increase is processed through DSS' Federal Grants and Donations.
  - Increase in refund of receipts incorrectly paid to DSS (federal and other funds).
- Spending on actual support divisions and Director's Office operations declined by 8.3%.

## Support Divisions Expenditures SFY-2008 to SFY-2010 Planned (in millions)



<sup>(1)</sup> Planned expenditures and FTEs are based on the budget less restriction through December 2009 plus increase in estimated appropriations and expected supplemental requests.



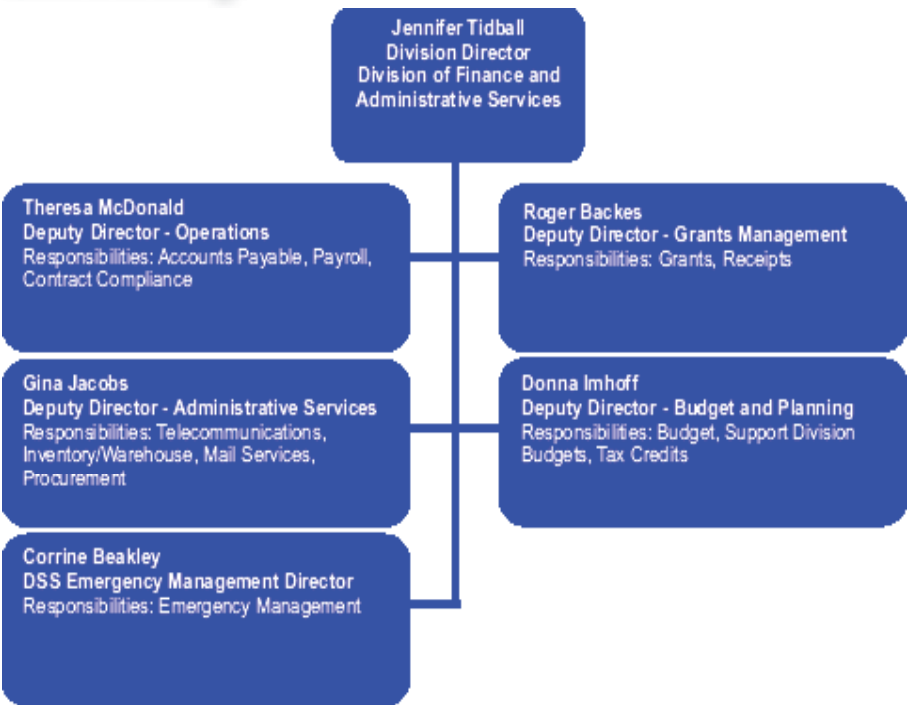
# Division of Finance and Administrative Services

*Division of Finance and Administrative Services manages financial resources, coordinates emergency management and provides enterprise support services.*

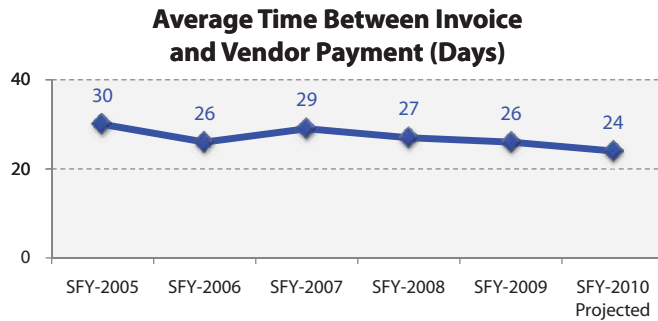
## Services

- Accounts Payable
- Audit Services
- Budget
- Emergency Management
- Fleet Vehicle Management
- Office Health and Safety
- Mail Handling
- Payroll
- Purchasing
- Receipts and Grants Management
- Supplies/ Warehousing/ Inventory Control
- Tax Credits (administered by the Department of Social Services)
- Voice Telecommunications

## Leadership



## DFAS Performance



### Average Time Between Invoice and Vendor Payment

- Since SFY-2008, the time taken for the Department of Social Services (DSS) to process a vendor invoice has decreased by 3 days and is projected to further decrease in SFY-2010. This trend shows expedited payment to vendors. The DSS benchmark is 20 days.
- In coordination with DFAS Accounts Payable transition to a post payment review model, DFAS has been sending division payment processing timeliness reports. Since these reports have been generated to lead division fiscal staff, there has been a decrease in the number of processing days (better payment timeliness). Additionally, as DFAS transitions to a post payment review model, it has been emphasized that divisions staff are responsible and accountable for timely entry of accurate data into the SAM II accounting system. DFAS will no longer duplicate review processes that should be occurring at the division. DFAS believes the elimination of duplicative processes and emphasis on division accountability has also attributed to the decrease in vendor invoice processing timeframes.
- A declining vendor invoice processing timeframe establishes vendor expectations regarding DSS payment timeframes.
- DFAS will continue to emphasize division accountability to process timely, accurate payments and share payment timeframe data. DFAS will also review patterns in vendor payment timeframes to determine if changes in processes would help move the measure closer to the 20-day benchmark.

# 2009 Highlights

## ARRA 1512 Reporting

- DFAS is responsible for coordinating quarterly American Recovery and Reinvestment Act (ARRA) 1512 reporting for over \$82.0 million in DSS ARRA grants.
- One staff person is assigned to work with programs divisions to validate subrecipient reports and to act as a liaison with Missouri Centralized Reporting.
- DSS has successfully uploaded reports to the federal web site for the last two quarters of 2009.

## Payment Quality Assurance

- During 2009, DFAS restructured its Accounts Payable and Contract Compliance functions to emphasize post payment quality assurance reviews and contract performance reviews.
- This initiative:
  - Shifts emphasis from pre-payment reviews to post payment reviews on a sampling of payments.
  - Eliminates duplicative work between DFAS and other divisions. According to the DSS accounts payable structure, pre-payment reviews should be occurring before the payment is received by DFAS for final approval.
  - Focuses DFAS Accounts Payable staff on conducting a high-level review, addressing training issues and working with divisions on key errors.
  - Allows DFAS to redirect staff from Accounts Payable to Contract Compliance.
- Since the restructure, DFAS has seen a lower payment error rate than in past years because divisions are now held accountable for payment entry and validation processes. In addition, DFAS is working more diligently with divisions to minimize payment errors.

# Key DFAS Projects

## Contract Compliance

- As DFAS has implemented post payment reviews, staff have been reassigned to work on contract compliance initiatives.
- To date, compliance reviews have been targeted and small-scaled.
- DFAS is developing a comprehensive contract review plan that will guide its reviews.
- DFAS sees future opportunity to use Stimulus 360 (ARRA 1512 reporting tool) to monitor contract performance measures in a standardized, electronic format.

## Federal Earnings Strategies/ARRA Grant Maximization

- Public Consulting Group (PCG) is working with DFAS and DSS to identify additional federal earnings not being claimed today.
- Projects underway include a comprehensive review of Missouri's Temporary Assistance for Needy Families (TANF) claims, University of Missouri expenditures and Division of Youth Services non-residential services.
- PCG is also working with DSS to identify opportunities to expend TANF ARRA funds without additional General Revenue commitments.

## ARRA Accountability

- DSS has managed ARRA resources without additional staff and resources.
- Since July 2009, ARRA funds have been distributed throughout Missouri to Community Action Agencies, counties and food pantries. Soon funding will be awarded to DSS Child Care providers.
- DSS does not have the capacity to monitor and assure quality for DSS grantees at the local level.
- DFAS is finalizing a request for proposals to contract with one or more vendors to provide local monitoring of DSS ARRA grant recipients.
- DFAS will assign vendor(s) reviews based on certain criteria including results from risk analyses and concerns from ARRA 1512 reporting.



*Jennifer Tidball, Director*

## On the DFAS Horizon . . .

### Transparency Reporting

- In the summer of 2010, provisions of the Federal Funding Accountability and Transparency Act (2006) will require states to report data from federal grant expenditures on a monthly basis.
- DFAS is in the process of reviewing the requirements to identify which expenditures it will be required to report and to what level of detail.
- Additionally, DFAS is reviewing its current SAM II payment coding and payments made from DSS-specific systems to determine potential changes in coding or systems design to support transparency reporting.
- Transparency reporting requirements are implemented on a smaller scale with Stimulus 360 and ARRA 1512 reporting. DFAS is hopeful that this foundation can be used to help agencies comply with transparency reporting.

### Fraud Detection

- The Medicaid program has an automated detection system with sophisticated algorithms and programming to detect outliers and potentially fraudulent claims.
- DFAS is leading the initiative to replicate a similar process for Child Care and other income support payments.
- DFAS is reviewing fraud detection systems in place in other states, assessing the possibility of using a current Missouri contract with ACL and coordinating the need with Information Technology Services Division (ITSD).

### Procurement Management

- Changes to the DSS procurement process are essential to ensure timely contract awards and renewals.
- Today a lack of defined department protocols and a bifurcated system slow down the procurement process. This contributes to a lack of accountability and responsibility, putting DSS at risk of missing contract renewal dates.
- DFAS is taking the following steps:
  - Working on procurement protocols that all divisions will be required to follow.
  - Reviewing the current procurement staffing structure to determine if a reorganized or centralized procurement staff structure would facilitate more efficient and effective processes.
  - Working with ITSD to develop a contract database to ensure all contracts are centrally tracked. From this database, DFAS will initiate notices to divisions 1 year to 6 months before a contract rebid or renewal.

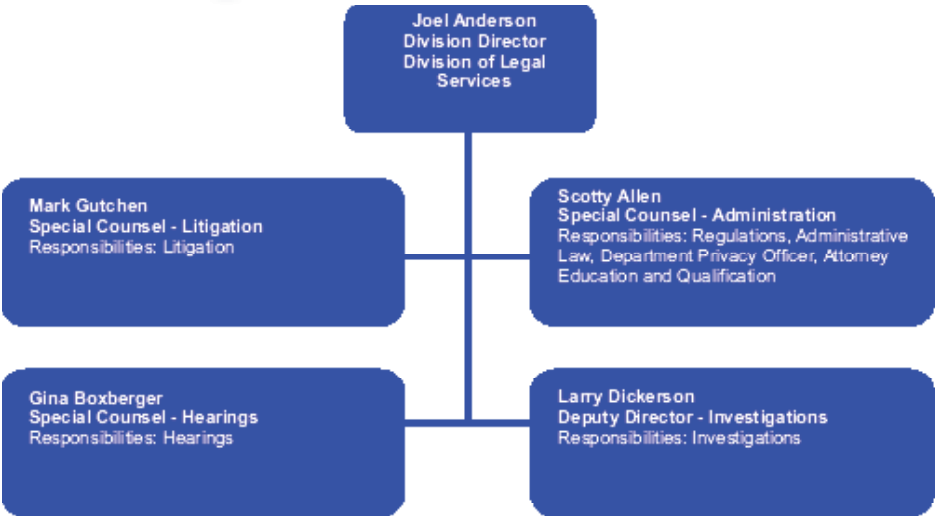
# Division Legal Services

Division of Legal Services is the counsel of the department and its divisions.

## Services

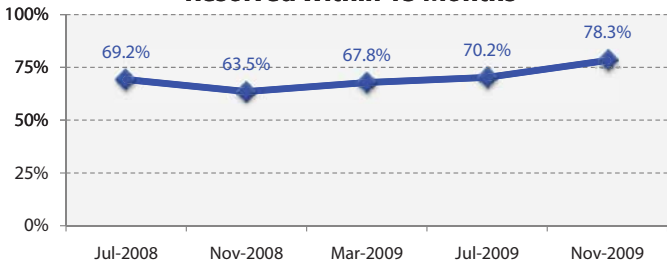
- Litigation
- Administrative Hearings
- Investigations
- State Technical Assistance Team

## Leadership



## DLS Performance

Protective Services Cases Resolved Within 15 Months



### Protective Services Cases Resolved Within 15 Months

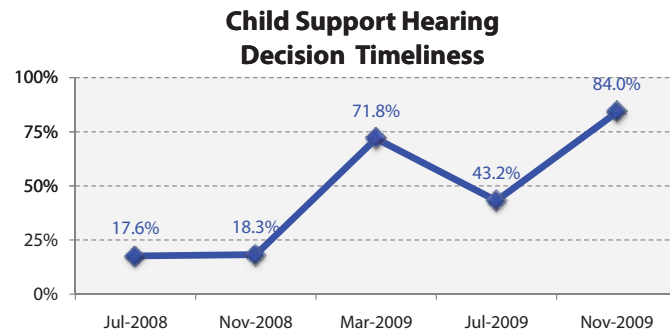
- The graph shows an increase in protective services cases that are resolved within timelines due to better organization of work duties and assignments.
- Continued efforts will likely show this number increasing in the future.



## DLS Performance (continued)

### Child Support Hearing Decision Timeliness

- The significant increase in decision timeliness has been a main focus of the Hearings Section following a 2008 State Auditor's report.
- Hearings are more timely due to better organization, tighter controls and performance reviews.
- Timeliness is expected to continue to increase.



## 2009 Highlights

### Child Support Hearing Efficiencies

- **Improving Hearing Decision Process**
  - Child Support Hearing decisions must be completed within 60 days from the closing date of the hearing.
  - As of June 2008, 1,109 cases were pending beyond the 60-day time limit. By December 2009, only 81 cases were beyond the 60-day limit.
  - Much of the delay was caused in clerical processing of the decisions, which was improved by implementing new procedures and deadlines.
- **Child Support Office Reorganization**
  - Savings were realized from closing the Kansas City Child Support office.
  - 4 hearing officers were transferred to Jefferson City where clerical support is shared by more staff.
  - The reorganization eliminated 1 clerical position and the cost of maintaining an office in Kansas City.

### Investigator Named State Employee of the Month

- Investigator Craig Singletary, St. Louis office of the Welfare Investigation Unit (WIU), was named the October 2009 State Employee of the Month.
- Investigator Singletary uncovered a fraudulent scheme committed by a mother and family members who operated a Child Care facility. The fraud totaled approximately \$127,000. The St. Louis County Prosecuting Attorney's Office is pursuing the matter.

### Maintaining Significant Collections in Fraud Cases

- Collections between Welfare Investigation Unit and the Claims and Restitution Units totaled approximately \$2.4 million in SFY-2009, which is comparable to SFY-2008.

### Reduction of Litigation Administrative Costs

- A successful reorganization and review of work procedures has allowed the Litigation Section to close 3 offices (Rolla, Joplin and St. Joseph), eliminate a part time contract paralegal and greatly reduce the number of contract attorneys used to cover remote areas of the state.
- At the same time, Division of Legal Services' attorneys closed/completed 4,076 cases/matters during calendar year 2009, including termination of parental rights for 177 abused children; 1,458 permanency planning cases; 989 Child Support Enforcement matters; and hundreds of other court and administrative actions. This is compared to 3,007 such matters from 2008, a 35% increase.

# Key DLS Projects

## MO-HITECH

- DLS lawyers are actively involved in providing legal advice to the Missouri Office of Health Information Technology (MO-HITECH). The legal issues involved are complex and cover a large number of areas. Notable examples include:
  - The authority of the state to establish and regulate the exchange of electronic health records (EHR);
  - The applicability of federal and state privacy and health record security laws to electronic health record exchange;
  - The parameters of the legal relationship between MO-HITECH and the MO HealthNet program; and,
  - The ability of the MO HealthNet Program to exchange EHR through the exchange.

## Children's Division Administrative Regulations and Policies

- DLS lawyers are working with the Children's Division to improve their programs by assisting them in reviewing, drafting and updating administrative regulations and policies in a number of key areas such as:
  - Contracted case management;
  - The Adoption Subsidy program;
  - Administration of the Child Abuse and Neglect Hotline system; and,
  - Residential Foster Care licensing.

## Adoption and Safe Families Act

- The Litigation Unit lawyers are aggressively working with the Children's Division to assure compliance with the Adoption and Safe Families Act achieving safe permanency for abused and neglected children. This work includes projects such as:
  - Filing termination of parental rights petitions so that children are free for adoption; and,
  - Filing petitions for guardianship on behalf of children in the Foster Care system so they can be moved from Foster Care to the care of permanent guardians.

## Child Support Hearings

- Although significant improvements have already been achieved over the past year, the Administrative Hearings Unit continues to seek methods to:
  - Reduce the time between the receipt of a request for a Child Support hearing and the date the hearing is held;
  - Reduce the time between the date that a Child Support hearing is conducted or the record is closed and the date the Child Support hearing decision is issued; and,
  - Reduce scrivener's errors in administrative hearing decisions.
- Additionally, through the department's Legislative Liaison personnel, the Administrative Hearings Unit is actively pursuing legislative initiatives to:
  - Allow hearing officers to correct errors and omissions in Child Support hearings, improving the accuracy and efficiency of those proceedings; and,
  - Reduce the number of in-person benefit hearings to improve efficiency while reducing the cost in conducting such hearings.



*Joel Anderson, Director*

## On the DLS Horizon . . .

### Case Management Software

- Work with the Information Technology Services Division staff at the Office of Administration to update case management software to improve efficiency.

### Litigation Hold Policy

- Implement a *Litigation Hold* policy to ensure the department is preserving evidence for litigation purposes.

### Child Support Hearings

- Through the department's Legislative Liaison, the Administrative Hearings Unit is actively pursuing legislative initiatives to:
  - Allow hearing officers to correct errors and omissions in Child Support hearings to improve the accuracy and efficiency of those proceedings; and,
  - Reduce the number of in-person benefit hearings to improve efficiency while reducing the cost in conducting such hearings.
- To improve efficiency and reduce cost in conducting its hearings, the Administrative Hearings Unit is exploring methods of conducting hearings electronically through teleconferencing and video conferencing.

# Top DSS News Stories of 2009

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## Adoption and the 2009 Heart Gallery

Stories promoting adoption appeared around the state and throughout the year. The Heart Gallery's adoption awareness efforts were successful in both raising awareness of the need around the state and in locating *forever families* for 63 foster children.

## Children's Division Accreditation

There was year-round coverage in locations throughout the state on Children's Division (CD) circuits being found in compliance with Council on Accreditation standards. CD received word late in the year that, in a feat replicated by only 5 other states, each of Missouri's 45 CD circuits are now accredited. A statewide recognition ceremony was held January 14, 2010.

## Child Abuse and Neglect

Local media attention focused on child abuse or neglect cases, while statewide coverage was given to a report from Every Child Matters Educational Fund listing Missouri as the state with the fifth highest rate of kids dying from abuse and neglect. Investigators in Missouri identify and report child abuse cases more aggressively than many other states, resulting – at least in part – in the higher numbers of abuse and neglect deaths being reported.

## Division of Youth Services Model

The Division of Youth Services approach to rehabilitating juvenile offenders was featured on PBS' Visionaries program, ABC's 20/20, CNN and in the *New York Times*.

## Food Stamp Participation Rates

Food Stamp inquiries – including those tied to Missouri's high participation rate – accounted for more than 50 media inquiries during 2009. However, DSS determined in December that the data used to prepare these Food Stamp participation reports for the United States Department of Agriculture had failed to subtract inactive individuals who were no longer receiving benefits.

## Impact of State Budget Reductions

Media inquiries impact budget restrictions were expected to have on DSS programs and staff levels. These inquiries were generally tied to announcements of budget restrictions or vetoes.

## Impact of Economy on DSS Caseloads

DSS received numerous media calls regarding how the economic downturn was impacting needs based programs like Medicaid, Food Stamps and, to a lesser extent, Temporary Assistance for Needy Families and Low Income Home Energy Assistance Program (LIHEAP). These inquiries were staggered evenly throughout the year.

## MO HealthNet Coverage and Outreach Efforts

Efforts to expand MO HealthNet coverage and outreach efforts generated significant media interest throughout the year.



# DSS in the Community in 2009

*Speeches and presentations of the department's leadership during calendar year 2009 (sites are in Missouri unless otherwise noted)*

## Ronald J. Levy, Director, Department of Social Services

Date	Location	Topic	Audience
January 27	Capitol Jefferson City	Welfare of Missouri's Children	Welcoming Ceremony for Child Advocacy Day Missouri Alliance for Children, Youth & Families
February 13	St. Louis	Departmental Topics – Child Protection, Youth Rehabilitation, Maintaining & Strengthening Families and Access to Quality Health Care	Remarks to Central Reform Congregation and advocacy groups
March 2	Kansas City	DSS – Mission, Goals, Challenges and Health Care	Health Care Foundation\ Greater KC
March 5	Webster University St. Louis	DSS – Mission, Goals, Challenges and Health Care	Holden Public Policy Forum
April 10	St. Louis	Health Care Reform	Washington University, George Warren Brown School of Social Work
April 15	Capitol Plaza Jefferson City	Overview of DSS – Budget Issues and Hot Issues for DSS	Missouri Pharmacy Association
June 3	MO Foundation for Health St. Louis	Health Care and Workforce Development	Health Summit
June 18	Branson	Health Care Reform	Show-Me Kids Conference
June 18	Springfield	Youth Rehabilitation in Missouri & Successes	DYS Southwest Region Graduation
June 24	Columbia	Health Care in Missouri	Missouri Health Policy\Reform Roundtable
August 7	St. Louis	Health Information Technology	Stakeholders Meeting
August 11	Kansas City	Health Information Technology	Stakeholders Meeting
August 14	Cape Girardeau	Health Information Technology	Stakeholders Meeting
August 17	Columbia	Health Information Technology	Stakeholders Meeting
September 15	Lake of the Ozarks	Child Support efforts and the difficulties workers face daily	Missouri Child Support Enforcement Association (MCSEA) Conference
October 1	Kansas City	Health Information Technology\Health Information Exchange	HIT\HIE Presentation to the 2020 Healthy Missouri Committee
October 14	Jefferson City	'State of State': Financial Condition, Health Care Initiatives & DSS Budget for 2010	Mo. Coalition of Mental Health Centers
October 21	St. Louis	Health Information Exchange	St. Louis Regional Health Commission
October 22	Columbia	Missouri Medicaid and Health Care Reform; Health Information Technology & Health Information Exchange	Central Missouri Community Action Dinner
October 28	St. Louis	Health Care Reform	St. Louis University, School of Public Health
November 16	St. Louis	Health Care\Medicaid	St. Louis University, School of Law

## DSS in the Community in 2009 (continued)

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### Alyson Campbell, Director, Family Support Division

Date	Location	Topic	Audience
June 10	Jefferson City	Kick-off to meeting; discussion on goals and expectations in closing	FSD Income Maintenance County Manager Meeting
July 1	Jefferson City	Divisional Issues including budget, goals, child support initiatives	FSD Child Support Enforcement Office Manager Meeting
August 13	Chicago, IL	Update on Missouri child support enforcement program, legislation and program issues	Office of Child Support Enforcement Region VII Director's Meeting
September 3	Lake of the Ozarks	FSD Administration changes and prosecuting attorney office budget reductions due to reduction in County Reimbursement budget line	Prosecuting attorney staff at fall training conference sponsored by Missouri Association of Prosecuting Attorneys and Missouri Office of Prosecution Services
September 17	Lake of the Ozarks	Shifting Paradigms in the Child Support Program	Conducted session at Missouri Child Support Enforcement Association Annual Conference for child support staff
September 18	Lake of the Ozarks	Family Support Division Vision and Strategies	Plenary speaker at closing session of Missouri Child Support Enforcement Association Annual Conference for child support and prosecuting attorney staff
October 16	Springfield	Budget Reductions to County Reimbursement budget line	Elected Prosecutors Meeting sponsored by Missouri Association of Prosecuting Attorneys
November 12	Jefferson City	Work Participation and LIHEAP Budgets	Missouri Community Action Directors Association

### Paula Neese, Director, Children's Director

Date	Location	Topic	Audience
August 12	St. Louis	Building a Strong Public/Private Partnership	National Public/Private Summit
June 24	Jefferson City	Meet the Directors- Question and Answer session with youth in Foster Care	Youth Empowerment and Leadership Conference

## DSS in the Community in 2009 (continued)

### Tim Decker, Director, Division of Youth Services

Date	Location	Topic	Audience
February 2	Kansas City	Program visits and presentation to delegates from state of Louisiana.	Policy makers and child advocates from state of Louisiana
February 5-6	St. Louis	Program visits, DYS history, interviews, program explanation to <i>New York Times</i> reporter (published March 27)	Solomon Moore, Reporter from <i>New York Times</i>
February 17	Jefferson City	Strengthening partnerships, state agency overview to 4-H Legislative Academy, providing learning opportunities for promising 4-H youth leaders	4-H leaders, 4-H youth leaders, partnering state agencies and lawmakers
February 24-27	Sacramento, CA	Children's Defense Fund <i>Cradle to Prison Pipeline Summit</i> provided history and overview of Missouri approach and facilitated discussion from 3 DYS youth who shared their personal stories	California state legislative, religious and community leaders, national children and youth advocates
March 2-3	Kansas City	Program visits and presentation to delegates from state of New York	Policy makers, legislators and child advocates from the state of New York
April 8-10	Cambridge, MA	Missouri's approach to developing leadership and a high performing organizational culture, therapeutic approach and outcomes.	Faculty and students at Harvard University, John F. Kennedy School of Government
June 5	Montgomery City	Keynote speaker at DYS northeast region graduation	DYS youth, families, staff, community partners, juvenile court staff, local elected officials and DYS Advisory Board members
June 9	Jefferson City	Testimony to the Personnel Advisory Board on repositioning proposal of DYS Group Leader and Youth Specialist positions	State Personnel Advisory Board
June 25	Kansas City	Opening speaker at DYS northwest region graduation	DYS youth, families, staff, community partners, juvenile court staff, local elected officials and DYS Advisory Board members
July	National	Broadcast of Visionaries documentary on Missouri DYS on some PBS stations around the country. Documentary entitled, "Bar None – Rehabilitation vs. Punishment" was a follow up to the Harvard Innovations in American Government Award	National viewing audience
July 1	Jefferson City	Presentation on DYS therapeutic treatment approach and partnerships to help with the increased focus on non-residential care	Community Partnerships from Jefferson County, Springfield, Joplin, Cape Girardeau, Kansas City and St. Louis City and County
July 10	Kansas City	Presentation at Legislative Black Caucus regarding the DYS therapeutic treatment approach and Children's Defense Fund <i>Cradle to Prison Pipeline Summit</i>	Missouri legislators, state agency staff members, local government officials, community partners
August 5	Poplar Bluff	Keynote speaker at DYS southeast region graduation	DYS youth, families, staff, community partners, juvenile court staff, local elected officials and DYS Advisory Board members
August 7-9	Nashville, TN	Council of Juvenile Correctional Administrators Executive Board meeting – As chair of the CJCA Mutual Aid Committee, presented proposal for development of a mutual aid process to increase efficiency and results	Directors of state Youth Services and Correctional agencies

## DSS in the Community in 2009 (continued)

### Tim Decker (continued)

Date	Location	Topic	Audience
August 26	St. Louis	Opening speaker at DYS St. Louis region graduation	DYS youth, families, staff, community partners, juvenile court staff, local elected officials and DYS Advisory Board members
August 31	Jefferson City	Opening speaker for DYS statewide education conference providing the setting to capture agency philosophy	DYS education and treatment staff from across the state
September 9	National	Airing of ABC News Primetime segment on Missouri's DYS – Required ongoing work communicating the division's therapeutic treatment approach and beliefs and philosophies, producers and film crew were embedded in programs for over a year	National viewing audience
September 22-23	St. Louis	Program visits and presentation to delegates from New York, Louisiana and New Mexico regarding Missouri's therapeutic treatment approach	Policy makers, legislators and child advocates from the states of New York, Louisiana and New Mexico
September 24	Kansas City	Opening presentation to DYS service coordinator supervisors providing setting of agency direction, expanding continuum of non-residential services	DYS service coordinator supervisors, treatment coordinators and clinical coordinators
September 29	St. Louis	Testimony to Legislative Task Force on Dropout Prevention	Legislative members of task force and staff
September 30 - October 2	Chicago, IL	Council of Juvenile Correctional Administrators, presentations and break out group discussions on juvenile justice measurement best practices and current outcome and recidivism studies (Serve as Midwest Region Chair)	Directors of state Youth Services and Correctional agencies
October 22-23	Kansas City	Program visits and presentation to delegates from Los Angeles and San Francisco, CA regarding Missouri's therapeutic treatment approach	Policy makers and child advocates from Los Angeles and San Francisco, CA
October 28	Lake Ozark	Open MJJA Fall Conference and provide overview of DYS programs and services	Chief juvenile officers, juvenile court staff, judges, city police officers and staff, Department of Public Safety, Office of State Courts Administrator and DYS
November 17	Kansas City	Hosted a Graduate School's 2009 Executive Potential Program Best Practices Session, provided program tours and presentations on Missouri's innovative leadership practices	Faculty from Graduate School and delegation of 15-20 federal employees identified as candidates in leadership positions in the federal government
November 20	Lake Ozark	Provided overview and facilitated panel presentation of DYS youth at Missouri Re-entry Conference, sponsored by the Area Resources for Community and Human Services (ARCHS), Department of Corrections, Department of Social Services and the Family and Community Trust (FACT)	Re-entry and workforce experts from across Missouri

## DSS in the Community in 2009 (continued)

### Ian McCaslin, MD, Director, MO HealthNet Division

Date	Location	Topic	Audience
April 30	Ranken Jordan Hospital, Maryland Heights	Legislative Child Advocacy: A View from Within	American Academy of Pediatrics, Missouri Chapter members
May 21	St. Louis University St. Louis	Access to Health Insurance	St. Louis University Maternal Child & Family Health Coalition conference attendees
July 17	University of Missouri Hospital Columbia	Access to Health Insurance for Low Income Populations: Time for a Change	University of Missouri Children's Hospital Pediatric Grand Rounds – faculty, students, staff, community physicians
July 17	University of Missouri Hospital Columbia	Legislative child advocacy	University of Missouri Department of Pediatrics faculty and students
August 12	Tan-Tar-A Resort Osage Beach	Missouri Medicaid: Current status and impact for emergency physicians	Attendees of Missouri College of Emergency Physicians luncheon presentation at general membership meeting
August 27	Cardinal Glennon Children's Hospital, St. Louis	Legislative child advocacy	St. Louis University Departments of Pediatrics and Family Medicine residents and faculty
August 27	St. Louis University School of Public Health St. Louis	Convocation Keynote Address	St. Louis University School of Public Health students and faculty
October 9	University of Missouri School of Medicine Columbia	MO HealthNet: The Past, Present and Future of Medicaid in Missouri	Participants in University of Missouri-Columbia health ethics conference: physicians, nurses, ethicists
October 28	St. Louis University School of Public Health St. Louis	Medicaid 101	Students of St. Louis University School of Public Health
October 28	St. Louis University School of Public Health St. Louis	Medicaid overview, state budget process and current status	Faculty and students of St. Louis University School of Public Health
November 4	Tan-Tar-A Resort Osage Beach	Preventable serious adverse events: monitoring, reporting and developing a culture of safety	Attendees of Missouri Hospital Association annual convention
November 18	Children's Mercy Hospital Kansas City	Missouri Medicaid: Current Status and a Look Ahead	Members of the American Academy of Pediatrics, Missouri Chapter
November 24	Center Elementary School Kansas City	Safety net clinics for low income and uninsured	Media event announcing plans to open a new safety net health clinic in south Kansas City

## Toll-Free Informational Phone Numbers

<b>Aging Information and Referral</b>	<b>1-800-235-5503</b>
<b>Child Hotline (MO only)</b>	<b>1-800-392-3738</b>
<b>Child Support Customer Service Call Center (enforcement calls only)</b>	<b>1-866-313-9960</b>
<b>Child Support Employer Information</b>	<b>1-800-585-9234</b>
<b>Child Support General Information</b>	<b>1-800-859-7999</b>
<b>Child Support Payment Information (IVR)</b>	<b>1-800-225-0530</b>
<b>Elderly Abuse/Neglect Hotline</b>	<b>1-800-392-0210</b>
<b>Food Stamp Case Information</b>	<b>1-800-392-1261</b>
<b>Foster Adoptline</b>	<b>1-800-554-2222</b>
<b>Missouri Rx Plan (MoRx)</b>	<b>1-800-375-1406</b>
<b>Missouri School Violence Hotline</b>	<b>1-866-748-7047</b>
<b>Missouri's Long-Term Care Ombudsman (DHSS)</b>	<b>1-800-309-3282</b>
<b>MO HealthNet Case Information</b>	<b>1-800-392-1261</b>
<b>MO HealthNet Exception Process</b>	<b>1-800-392-8030</b>
<b>MO HealthNet Participant Services</b>	<b>1-800-392-2161</b>
<b>MO HealthNet Service Center</b>	<b>1-888-275-5908</b>
<b>Office of Child Advocate</b>	<b>1-866-457-2302</b>
<b>Rehabilitation Services for the Blind</b>	<b>1-800-592-6004</b>
<b>STAT (State Technical Assistance Team)</b>	<b>1-800-487-1626</b>
<b>Temporary Assistance/SAB/BP Case Information</b>	<b>1-800-392-1261</b>
<b>Text Telephone</b>	<b>1-800-735-2966</b>
<b>TTD Voice Access</b>	<b>1-800-735-2466</b>



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Relay Missouri  
for hearing and speech impaired  
1.800.735.2466 voice / 1.800.735.2966 text phone

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